

Orchard House Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	12
Background to Orchard House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orchard House Surgery on 10 May 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day. The practice

was part of a local group of practices who had worked together to open a primary care centre. The centre is open 8am to 8pm every day of the week and can be accessed by all patients registered with the practice.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had agreed to manage and lead the childhood immunisation service for all children within the Workington area. The same group of practices had recently introduced a FEAT team (Frail elderly and vulnerable adult team); with the aim of providing patients with bespoke support and preventing unnecessary hospital admissions.

We saw some areas of outstanding practice:

Summary of findings

- Due to a lack of health visitors in the area, some 500 children across all practices had not received timely childhood immunisations. The practice had therefore agreed to manage and lead the childhood immunisation service for all children within Workington. An area within the practice was refurbished to provide a dedicated waiting area for families and children who were attending for immunisations. As a result, the backlog of immunisations was cleared and immunisation targets were achieved.
- Vulnerable patients were provided with a dedicated telephone number to contact the practice; a different ring tone was assigned and the telephone screen showed the word 'vulnerable'; this alerted staff that a vulnerable person was on the telephone and may have needed urgent assistance.

The areas where the provider must make improvements are:

- Ensure appropriate arrangements are in place for the proper and safe management of medicines; including monitoring the temperatures of the refrigerators used to store vaccines, maintaining records of blank prescription form serial numbers in line with guidance issued by NHS Protect and checks to ensure changes made to patients' records made by non-clinical staff are correct.

In addition, the provider should:

- Review the arrangements to enable patients to summon support to access the surgery.
- Put arrangements in place to ensure there is a practice-wide approach to the review of any new or revised clinical guidelines.
- Arrange appraisals for all staff for the current year.

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 requires improvement for providing safe services.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed. Good infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

The arrangements for managing medicines were not fully satisfactory. Records from the refrigerator in the nurse's room were incomplete and temperatures had not been checked every day the practice was open.

There was no system to ensure that any changes to medicines records were made correctly. Prescription pads were securely stored but there were no systems in place to monitor their use.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Arrangements had been made to support clinicians with their continuing professional development and staff had received training appropriate to their roles.

The practice had begun to implement a clinical audit programme. Data showed patient outcomes were in line with national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 92.6% of the points available. This was slightly below the national average of 94.7%. However, this related to 2014/2015 and was the result of an administrative error. QOF scores for the 2015/2015 financial year showed improved performance.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

All of the patient CQC comment cards we received were positive about how they were treated. We spoke with seven patients during our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Results from the National GP Patient Survey, published in January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was generally in line with average scores in relation to consultations with doctors and nurses.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was also a separate private interview/patient information room which contained a large volume of information about services and allowed patients to complete forms and collect specimen packs in a private area.

There was a practice register of all patients who were also carers; 173 patients (3.2% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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. However, learning from complaints was not always shared with staff.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (January 2016) showed that patient's satisfaction with how they could access care and treatment was above local and national averages. For example: 93% of respondents said they could get through easily to the surgery by

Good



Summary of findings

phone, compared to the CCG average of 81% and the national average of 73%. Of those who responded; 89% described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.

Most of the patients we spoke with on the day were able to get appointments when they needed them; however, several felt they had to wait too long after their appointment time to be seen. This was also reflected in the Patient Survey; 42% usually waited more than 15 minutes after their appointment time to be seen, compared with a CCG average of 25% and a national average of 25%.

Managers were aware of this issue and were looking at ways to reduce waiting times for patients. They had held discussions with the patient participation group and were considering various options to improve patient experience.

Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

The practice team was part of local pilot schemes to improve outcomes for patients in the area.

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- A local group of practices, including Orchard House Surgery had recently worked together and had introduced a FEAT team (Frail elderly and vulnerable adult team); with the aim of providing patients with bespoke support and preventing unnecessary hospital admissions.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- The practice had adopted the 'Year of Care' (YoC) approach, as their model for providing personalised care to patients diagnosed with some long term conditions. (The YoC approach aims to provide personalised care planning for patients by focussing on promoting self-management and educating them about their condition.)
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were systems in place 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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 80.9%, which was slightly below the CCG average of 82.5% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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



- 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 and flexible. Urgent same day appointments at the local Primary Care Centre were available Monday to Friday between 8am and 8pm for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Large print and picture animated invitations were sent to patients with learning disabilities, to invite them to attend the practice for their health checks.
- Longer appointments for people with a learning disability were available, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were provided with a dedicated telephone number to contact the practice; a different ring tone was assigned and the telephone screen showed the word 'vulnerable'; this alerted staff that a vulnerable person was on the telephone and may have needed urgent assistance.
- 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 and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

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 worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Good



Summary of findings

What people who use the service say

We spoke with seven patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 41 CQC comment cards which had been completed by patients prior to our inspection.

Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system, although some felt they waited too long to be called in for their appointment.

The National GP Patient Survey results published in January 2016 showed the practice was generally performing in line with or above local and national averages. There were 122 responses (from 311 sent out); a response rate of 39%. This represented 2.3% of the practice's patient list. Of those who responded:

- 93% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.

- 93% found it easy to get through to this surgery by phone, compared with a CCG average of 81% and a national average of 73%.
- 97% found the receptionists at this surgery helpful, compared with a CCG average of 91% and a national average of 87%.
- 87% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 88% and a national average of 85%.
- 95% said the last appointment they got was convenient, compared with a CCG average of 94% and a national average of 92%.
- 89% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.

However;

- 42% usually waited more than 15 minutes after their appointment time to be seen, compared with a CCG average of 25% and a national average of 27%.
- 42% felt they had to wait too long to be seen, compared with a CCG average of 30% and a national average of 34%.

Areas for improvement

Action the service **MUST** take to improve

Ensure appropriate arrangements are in place for the proper and safe management of medicines; including monitoring the temperatures of the refrigerators used to store vaccines, maintaining records of blank prescription form serial numbers in line with guidance issued by NHS Protect and checks to ensure changes made to patients' records made by non-clinical staff are correct.

Action the service **SHOULD** take to improve

Review the arrangements to enable patients to summon support to access the surgery.

Take steps to ensure learning from complaints is shared with appropriate staff.

Put arrangements in place to ensure there is a practice-wide approach to the review of any new or revised clinical guidelines.

Arrange appraisals for all staff for the current year.

Outstanding practice

Due to a lack of health visitors in the area, some 500 children across all practices had not received timely

childhood immunisations. The practice had therefore agreed to manage and lead the childhood immunisation

Summary of findings

service for all children within Workington. An area within the practice was refurbished to provide a dedicated waiting area for families and children who were attending for immunisations. As a result, the backlog of immunisations was cleared and immunisation targets were achieved.

Vulnerable patients were provided with a dedicated telephone number to contact the practice; a different ring tone was assigned and the telephone screen showed the word 'vulnerable'; this alerted staff that a vulnerable person was on the telephone and may have needed urgent assistance.

Orchard House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Orchard House Surgery

Orchard House Surgery is registered with the Care Quality Commission to provide primary care services. It is located in the town of Workington in Cumbria.

The practice provides services to around 5,500 patients from one location: South William Street, Workington, Cumbria, CA14 2ED. We visited this address as part of the inspection. The practice has four GP partners (two male and two female), one salaried GP (female), two practice nurses (both female), a healthcare assistant, two practice managers, a medicines manager and 11 staff who carry out reception and administrative duties.

However, the practice's CQC registration certificate shows that there are three male GP partners and one female GP partner; managers were aware of this and advised us that they would submit an application to amend the partnership details.

The practice is part of Cumbria clinical commissioning group (CCG). The practice population is in line with national averages, although the proportion of patients aged 65 and over is below average (19.7% compared to the national average of 22.4%). Information taken from Public Health

England placed the area in which the practice is located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two storey building. There is a lift, on-site parking, disabled parking and a disabled WC. The main door to the building is automated, however, the door to access the practice is not and there is no doorbell or alternative way for patients to summon support to access the surgery.

Opening hours are between 8.30am and 6.30pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. Appointments are available at the following times:

- Monday - 9am to 11am; then from 3pm to 5.40pm
- Tuesday - 9am to 11.30am; then from 3pm to 5.40pm
- Wednesday - 9am to 11.20am; then from 3pm to 5.40pm
- Thursday - 9am to 11.20am; then from 3pm to 5.40pm
- Friday - 9am to 11.20am; then from 3pm to 5.40pm

Patients can also access urgent same day appointments at the local Primary Care Centre; Monday to Friday between 8am and 8pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health on Call Limited (CHoC).

Detailed findings

Why we carried out this inspection

We inspected this service as part of our 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. This inspection was planned to check whether the registered 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

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 are provided for specific groups of people and what good care looks 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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 10 May 2016. We spoke with seven patients and nine members of staff from the practice. We spoke with and interviewed two GPs, two practice managers, the healthcare assistant, the medicines manager and three staff carrying out reception, and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 41 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. The meeting minutes did not specifically detail which incidents had been discussed. Managers said they were aware of this weakness and would ensure that going forward any actions agreed would be documented in the minutes.

Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the arrangements for registering new babies were reviewed and updated.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. The alerts were passed on to relevant staff and discussed at the clinical governance meetings.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained child safeguarding level three and the nurses to level two.
- Notices in the waiting room and consultation rooms 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice managers was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Recruitment checks were carried out and the four files we reviewed showed that 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 DBS checks.

Are services safe?

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were not fully satisfactory.

Some medicines (vaccines) needed to be stored in a refrigerator. Staff confirmed that the procedure was to check the refrigerator temperature every day to ensure the vaccines were stored at the correct temperature. Records from the refrigerator in the nurse's room were incomplete and temperatures had not been checked every day the practice was open, it was therefore difficult to ascertain whether the vaccines had been stored at the correct temperature at all times.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines, although there were no formal prescribing protocols in place. We looked at the system for managing hospital discharge letters; which informed the practice of changes to patients' medicines. One of the GPs authorised any changes then passed to the medicines manager who then updated the patient's record. However, there was no system to ensure that changes to medicines records were made correctly.

Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Prescription pads were securely stored but there were no systems in place to monitor their use. Records of blank prescription form serial numbers were not made on receipt into the practice or when the forms were issued to GPs. This is contrary to guidance issued by NHS Protect, which states that 'organisations should maintain clear and unambiguous records on prescription stationery stock'.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place 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. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 in place 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 carried out assessments and treatment 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 develop how care and treatment was delivered to meet patients' needs. However, the practice did not have systems in place to ensure all clinical staff were kept up to date; each GP was responsible for reviewing and actioning any new guidance.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 92.6% of the total number of points available, which was below the England average of 94.7%.

The below average score was mainly due to the following:

- Performance for depression related indicators was worse than the national average (0% compared to 92.3% nationally). For example, no patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis.
- Performance for mental health related indicators was below the national average (68.3% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 12.5%, compared to the national average of 88.3%.

- Performance for osteoporosis related indicators was below the national average (66.7% compared to 81.4% nationally). For example, no patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, were being treated with an appropriate bone-sparing agent.

However, these results were due to an administrative error during the previous year. We looked at the QOF scores for the 2015/2016 financial year; these showed improved performance in all three areas. For example, 90.3% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented, compared to the previous score of 12.5%.

At 9.1%, the clinical exception reporting rate was below the England average of 10.1% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

The practice had begun to implement a clinical audit programme. We saw a number of clinical audits had recently been carried out, although only one of these had been repeated. The results and any necessary actions were discussed at the clinical team meetings. Good arrangements were in place to determine which topics to audit, for example, one audit was instigated following a significant event.

The completed audit related to the monitoring of patients who had been prescribed testosterone therapy. An initial audit was carried out which showed that only 29% of patients had received one of the checks. Action was taken and the monitoring arrangements were amended. A further audit cycle was carried out and this showed an improvement, in that 93% of patients had been monitored. Plans were in place to complete the remaining single cycle audits during the course of the year.

The practice participated in applicable local audits and national benchmarking and had recently signed up to a local Quality Improvement Scheme; which measured 12 parameters of activity, including referral and prescribing rates and use of pathology services. Managers had reviewed CQC's intelligent monitoring information for the practice; they were concerned that the prescribing rate of hypnotic medicines (commonly known as sleeping pills) was relatively high (the average daily quantity of hypnotics

Are services effective?

(for example, treatment is effective)

prescribed per specific group was 0.23, compared to the average of 0.28). Action was taken to reduce the rate, doctors received further education and training, and the latest report showed the rate had decreased to 0.13.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. We saw certificates which confirmed nurses had attended updates for administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- All staff had appraisals in the previous year (March 2015). A new human resources management system had recently been purchased; this had meant the current year's appraisals were overdue. Managers told us they were in the process of setting the new system up and once completed would then arrange appraisals. Managers told us they had also recently introduced fortnightly nursing supervision sessions (for the two practice nurses and the healthcare assistant).
- 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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 weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- 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.
- A dietician was available and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80.9%, which was slightly below the clinical commissioning group (CCG) average of 82.5% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.7% to 98.7% and five year olds from 70.4% to 98.6% (compared to the CCG averages of between 70.4% to 97.9%).

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 on 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 41 patient CQC comment cards we received were positive about how they were treated. We spoke with seven patients during our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was generally in line with average scores in relation to consultations with doctors and nurses. For example, of those who responded:

- 95% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 99% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 92% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 93% and the national average of 91%.
- 97% said they found the receptionists at the practice helpful, compared to the CCG average of 91% 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.

Results from the January 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example, of those who responded:

- 93% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 91% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 83% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 89% and the national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 82%.
- 92% said the last nurse they spoke to was good listening to them, compared to the CCG average of 93% and the national average of 91%.
- 96% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 91% said the last nurse they saw was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

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. For example, there were leaflets with information about counselling services, bereavement services, cancer support services and childhood immunisations. Members of the practice's patient participation group had spent time reviewing the contents of the noticeboards; there were dedicated noticeboards in the waiting room with information for carers, patients with learning disabilities, how to use online services and comments and complaints. There was also a separate private interview/patient information room which contained a large volume of information about services and allowed patients to complete forms and collect specimen packs in a private area.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 173 patients (3.2% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice worked closely with a local carers support group; the group visited the practice twice a month to provide support and encourage carers to register themselves.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient 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 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, due to a lack of health visitors in the area, some 500 children across all practices had not received timely childhood immunisations. The practice had therefore agreed to manage and lead the childhood immunisation service for all children within Workington. An area within the practice was refurbished to provide a dedicated waiting area for families and children who were attending for immunisations. As a result, the backlog of immunisations was cleared and immunisation targets were achieved.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for anyone who needed them. This included patients with a learning disability and patients speaking through an interpreter.
- Large print and picture animated invitations were sent to patients with learning disabilities, to invite them to attend the practice for their health checks.
- Home visits were available for older patients / patients who would benefit from these.
- Telephone consultations were available each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The site had level access; and a lift to the first floor. The main door to the building was automated, however, the door to access the practice was not and there was no doorbell or alternative way for patients to summon support to access the surgery.
- Appointments with GPs could be booked online, in person, on the telephone.
- Vulnerable patients were provided with a dedicated telephone number to contact the practice; a different ring tone was assigned and the telephone screen showed the word 'vulnerable'; this alerted staff that a vulnerable person was on the telephone and may have needed urgent assistance.

- Staff had adopted the 'Year of Care' (YoC) approach, as their model for providing personalised care to patients diagnosed with some long term conditions. (The YoC approach aims to provide personalised care planning for patients by focussing on promoting self-management and educating them about their condition.)

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were available at the following times:

- Monday - 9am to 11am; then from 3pm to 5.40pm
- Tuesday - 9am to 11.30am; then from 3pm to 5.40pm
- Wednesday - 9am to 11.20am; then from 3pm to 5.40pm
- Thursday - 9am to 11.20am; then from 3pm to 5.40pm
- Friday - 9am to 11.20am; then from 3pm to 5.40pm

Patients were also able to access urgent same day appointments at the local Primary Care Centre; Monday to Friday between 8am and 8pm.

Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was above local and national averages. For example:

- 85% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and the national average of 75%.
- 93% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 81% and the national average of 73%.
- 89% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.

Most of the patients we spoke with on the day were able to get appointments when they needed them; however, several felt they had to wait too long after their appointment to be seen. The Patient Survey results showed:

- 42% usually waited more than 15 minutes after their appointment time to be seen, compared with a CCG average of 25% and a national average of 27%.
- 42% felt they had to wait too long to be seen, compared with a CCG average of 30% and a national average of 34%.

Are services responsive to people's needs?

(for example, to feedback?)

Managers were aware of this issue and were looking at ways to reduce waiting times for patients. They had held discussions with the patient participation group and were considering various options, including increasing the length of appointments from 10 to 15 minutes.

The practice had a system in place to assess:

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

Each request was noted on the daily 'visit' list; the GPs checked the list and contacted the patient if any further information was required to allow for an informed decision to be made on prioritisation according to clinical need. 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.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The 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. Leaflets detailing the process were available in the waiting room, there was a designated 'comments and complaints' noticeboard and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about a lack of parental consent; a new protocol was implemented and staff received further training.

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 documented mission statement. This was 'Orchard House Surgery is committed to maintain and enhance its reputation for being a caring and innovative practice. It is our intention that this tradition continues by providing a supportive and personal service, whilst keeping up to date with the latest medical developments'.
- Staff knew and understood the values.
- The practice had a supporting business plan which reflected the vision and values and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- The practice had begun to implement a clinical audit programme to monitor quality and to make improvements.
- There were good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated 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.

The provider was aware of and had systems in place 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). This included support and training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us that regular team meetings were held.
- Clinical staff met informally each lunchtime to discuss operational and clinical issues.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected and supported.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. Feedback had been gathered from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in updating the noticeboards in the waiting rooms; these had been well received by patients.

The practice had also gathered feedback from staff through staff away days and generally 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.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had agreed to manage and lead the childhood immunisation service for all children within the Workington area. The practice was part of a local group of practices who had worked together to open a primary care centre. The centre is open 8am to 8pm every day of the week and can be accessed by all patients registered with the practice.

Are services well-led?

Good 

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

The same group of practices had recently introduced a FEAT team (Frail elderly and vulnerable adult team); with the aim of providing patients with bespoke support and preventing unnecessary hospital admissions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice did not effectively and safely manage medicines, the temperatures of the refrigerators used to store vaccines were not always recorded, records of blank prescription form serial numbers in line with guidance issued by NHS Protect were not maintained and no checks were carried out to ensure changes made to patients' records made by non-clinical staff were correct. Regulation 12 (2) (g).