

Orchard Surgery

Quality Report

Lower Tanbridge Way,
Horsham,
West Sussex,
RH12 1PJ
Tel: 01403 253966
Website: <http://www.orchardsurgery.com>

Date of inspection visit: 12 September 2017
Date of publication: 04/10/2017

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	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

Detailed findings from this inspection

Our inspection team	7
Background to Orchard Surgery	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orchard Surgery on 29 September 2016. At this inspection the overall rating for the practice was good. The four domains of safe, responsive, caring and well led were rated as good. One domain, effective, was rated as requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Orchard Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good in all domains and good overall.

Our key findings were as follows:

- Staff had received training appropriate to their role. The practice had improved training records and the oversight of training. All staff had completed fire safety

awareness, infection control and information governance training. All staff had been provided with guidance to identify and locate adults at risk alerts on the practice computer system.

- The practice had completed infection prevention control audits in order to continually assess cleanliness and address concerns. Blinds and carpets had been regularly cleaned. A cleaning schedule and regular management reviews ensured monitoring of cleaning was undertaken.
- The practice had completed Disclosure and Barring Scheme (DBS) checks for all non-clinical staff who were trained as chaperones. All clinical staff had received a DBS check as standard practice.
- The practice had introduced improvements in the recording of appraisals which enhanced the management of the process.
- The practice ensured that all policies and procedures were dated at the time of writing and last review.
- The practice had reviewed the locations of emergency equipment and medicines.
- The practice had reviewed the appointment system with consideration of patient comments regarding not being given sufficient time to make decisions about their care and appointments not running on time. Extended time appointments were now offered by the practice and advertised to patients by staff and on displays in waiting areas.

Summary of findings

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?

At our previous inspection in September 2016, we rated the practice as good for providing safe services. However, we identified four areas within the safe domain where improvement should be made. These included:

- Ensure that all staff were provided with guidance to identify and locate adults at risk alerts on the practice computer system.
- Continue to make assessments of cleanliness and address concerns, including that blinds and carpets are regularly cleaned. Continue to record and monitor cleaning undertaken.
- Consider completing a risk assessment or an enhanced Disclosure and Barring Scheme (DBS) check for all non-clinical staff who are trained as chaperones.
- Review the locations of emergency equipment and medicines.

These arrangements had significantly improved when we undertook a follow up inspection on 12 September 2017.

At this inspection on 12 September 2017 we found that:

- All staff had been provided with guidance to identify and locate adults at risk alerts on the practice computer system.
- The practice had completed infection prevention control audits in order to continually assess cleanliness and address concerns. Blinds and carpets had been regularly cleaned. A cleaning schedule and regular management reviews ensured monitoring of cleaning was undertaken.
- The practice had completed Disclosure and Barring Scheme (DBS) checks for all non-clinical staff who were trained as chaperones. All clinical staff had received a DBS check as standard practice.
- The practice had reviewed the locations of emergency equipment and medicines.

Good



Are services effective?

At our previous inspection in September 2016, we rated the practice as requires improvement for providing effective services. We identified one area within the effective domain where improvement must be made:

Good



Summary of findings

- Ensure all staff receive training appropriate to their role and continue to improve records and the oversight of training. Including that all staff complete fire safety awareness, infection control and information governance training.

We also identified one area where improvement should be made:

- Consider improvements to the management of recording appraisals.

At this inspection in September 2017 we found the practice had made significant improvements in both of these areas.

- Staff had received training appropriate to their role. The practice had improved training records and the oversight of training. All staff had completed fire safety awareness, infection control and information governance training.
- The practice had introduced improvements in the recording of appraisals which enhanced the management of the process. These included a computerised spreadsheet which showed dates of last appraisal and future planned appraisal dates.

Are services responsive to people's needs?

At our previous inspection in September 2016, we rated the practice as good for providing responsive services. However, we identified one area within the responsive domain where improvement should be made:

- Review the practice appointment system with consideration of patient comments regarding not being given sufficient time to make decisions about their care and feedback about appointments not running on time.

At this inspection in September 2017 we found the practice had made significant improvements in this area:

- The practice had reviewed the appointment system with consideration of patient comments regarding not being given sufficient time to make decisions about their care and appointments not running on time. Extended time appointments were offered by the practice and advertised to patients by staff and on television displays in waiting areas.

Good



Are services well-led?

At our inspection in September 2016 we rated the well led domain as good. However, we identified one area within the responsive domain where improvement should be made:

Good



Summary of findings

- Ensure all practice policies and procedures are dated at the time of writing and last review.

At this inspection in September 2017 we found the practice had made significant improvements in this area:

- We saw evidence that the practice ensured that all policies and procedures were dated with the time of writing and last review. The practice used a computerised system to list all policies, date of first draft, update and review, future planned review. This was available to all staff.

Orchard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC inspector.

Background to Orchard Surgery

Orchard Surgery is located in Horsham within a purpose built premises that is attached to the town library. The practice provides medical services to approximately 9,333 patients.

There are five GP partners (three male, two female). Collectively they equate to approximately 4.5 full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are four female members of the nursing team; three practice nurses and one health care assistant. GPs and nurses are supported by the practice manager, a deputy practice manager, a care coordinator and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice is located in an area that is considered to be in the least deprived decile nationally. The number of registered patients suffering income deprivation is much lower than the national average.

The practice is open from 8am to 6pm Monday to Friday with telephone cover available until 6:30pm. Outside of the opening hours the practice is serviced by an out of hours provider. There are presently no extended hours.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided with information on how to access the out of hours service by calling the surgery or viewing the practice website.

The practice offers a number of services for its patients including; family planning, minor surgery, diabetes care (including insulin initiation), hypertension clinics and travel vaccines.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Horsham and Mid Sussex Clinical Commissioning Group.

The practice was based at a single location at Lower Tanbridge Way, Horsham, West Sussex, RH12 1PJ. We visited this location during our inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of Orchard Surgery on 29 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At the 29 September 2016 inspection the practice was rated as Good overall and Good in Safe, Caring, Responsive, Well Led, and Requires Improvement in Effective. The full comprehensive report following the inspection on 29 September 2016 can be found by selecting the 'all reports' link for Orchard Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Orchard Surgery on 12 September 2017. This inspection was carried out to review in detail the actions taken by the practice to

Detailed findings

improve the quality of care and to confirm that the practice was now meeting legal requirements. During our latest inspection we found that the practice had made significant improvements.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 September 2017. During our visit we:

- Spoke with a range of staff including; GPs, nurses, the practice manager, deputy manager and administration team.
- We spoke with three patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Made observations of the internal and external areas of the premises.
- Reviewed documentation relating to the practice including policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection in September 2016, we rated the practice as good for providing safe services. However, we identified four areas within the safe domain where improvement should be made:

- Ensure that all staff were provided with guidance to identify and locate adults at risk alerts on the practice computer system.
- Continue to make assessments of cleanliness and address concerns, including that blinds and carpets are regularly cleaned. Continue to record and monitor cleaning undertaken.
- Consider completing a risk assessment or an enhanced Disclosure and Barring Scheme (DBS) check for all non-clinical staff who are trained as chaperones.
- Review the locations of emergency equipment and medicines.

These arrangements had significantly improved when we undertook a follow up inspection on 12 September 2017.

Overview of safety systems and process

At the inspection in September 2016 we noted that not all staff had been provided with guidance to identify and locate adults at risk alerts on the practice computer system.

Following the inspection in September 2016 the provider sent us an action plan informing us that this process would be implemented immediately.

At this inspection on 12 September 2017 we found that:

- All staff had been provided with guidance to identify and locate adults at risk alerts on the practice computer system.
- We found that the practice had introduced a new system to address this. This new system displayed a red warning marker which appeared on every patient record where a safeguarding concern had been identified. The warning marker appeared for both children and adults subject to any safeguarding concerns. The system also linked to the practice safeguarding template which contained all relevant safeguarding information including and referral forms, contact details and process to follow for any safeguarding issues.

At the inspection in September 2016 we noted that the practice had incomplete records for assessments of cleanliness to address concerns, including that blinds and carpets were regularly cleaned.

At this inspection on 12 September 2017 we found that:

- The practice had completed six monthly infection prevention control audits in order to assess cleanliness and address concerns. Daily, weekly and monthly cleaning checks had been completed. Blinds and carpets had been regularly cleaned. A cleaning schedule and regular management reviews ensured monitoring of cleaning was undertaken.
- A full risk assessment had been made in respect of this issue, and included details such as the cleaning of practice blinds, carpets, flooring and all areas of the practice.
- An annual deep clean for all practice carpets had been undertaken by a professional cleaning company. This had been completed within the last 12 months and was next planned to take place in September 2017.
- Practice blinds had been cleaned on a quarterly basis by practice cleaners. The next clean was scheduled for September 2017.
- During our visit we found all areas of the practice to be clean and well organised. We saw evidence of cleaning schedules in relevant areas which had been signed and dated by staff.

At the inspection in September 2016 we noted that the practice should consider completing a risk assessment or an enhanced Disclosure and Barring Scheme (DBS) check for all non-clinical staff who are trained as chaperones.

At this inspection on 12 September 2017 we found that:

- The practice had completed Disclosure and Barring Scheme (DBS) checks for all non-clinical staff who were trained as chaperones. All clinical staff had received a DBS check as standard practice.
- We saw that risk assessments had been carried out on all non-clinical staff roles which included chaperone duties, with the conclusion that a standard DBS check was required. These individual risk assessments were kept in individual staff files with the DBS certificates.

At the inspection in September 2016 we noted that the practice should review the locations of emergency equipment and medicines.

Are services safe?

At this inspection on 12 September 2017 we found that:

- The practice had reviewed the locations of emergency equipment and taken appropriate action. For example, we found that the emergency equipment was now located on the ground floor in a treatment room, with a poster on the outside of the door which identified the location.
- A notification had sent to all staff which advised them of the new location. This notification included staff signatures which confirmed that they had read and understood the information provided. It had also been discussed at staff meetings and on an informal basis.
- The location of emergency medicines had also been reviewed and appropriate action taken. The lockable routine medicines cabinet had been moved into the nurses' secure stockroom. Emergency medicines were located in a treatment room together with the resuscitation bag. Staff told us they knew the location of the emergency medicines and equipment.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in September 2016, we rated the practice as requires improvement for providing effective services. We identified one area within the effective domain where improvement must be made:

- Ensure all staff receive training appropriate to their role and continue to improve records and oversight of training. Including that all staff complete fire safety awareness, infection control and information governance training.

We also identified one area where improvement should be made:

- Consider improvements to the recording of appraisals to enhance the management of the process.

At this inspection in September 2017 we found the practice had made significant improvements in both of these areas.

- Staff had received training appropriate to their role. The practice had improved training records and the oversight of training. All staff had completed fire safety awareness, infection control and information governance training.
- A detailed staff training matrix had been created in addition to the annual historic training logs which the practice had previously maintained. We saw evidence which detailed evidence which showed the subject and date for all staff mandatory training completed and planned.
- The practice had introduced improvements in the recording of appraisals which enhanced the management of the process.
- We saw evidence that a computerised spreadsheet matrix had been developed which provided easy access to all staff and showed dates of their latest appraisal and future planned dates.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in September 2016, we rated the practice as good for providing responsive services.

However, we identified one area within the responsive domain where improvement should be made:

- Review the practice appointment system with consideration of patient comments regarding not being given sufficient time to make decisions about their care and appointments not running on time.

At this inspection in September 2017 we found the practice had made significant improvements in this area:

- The practice had reviewed the appointment system with consideration of patient comments regarding not being

given sufficient time to make decisions about their care and feedback about appointments not running on time. Extended time appointments were offered by the practice and advertised to patients by staff and on television displays in waiting areas.

- Over the past nine months the practice had undertaken a detailed review, not only of pre-booked double appointments (i.e. 20 minutes rather than 10 minutes), but also appointments which had lasted longer than 20 minutes. The practice offered longer appointments including double time appointments, which could be requested by patients at the time of booking. The practice had raised patient awareness of this provision.
- Patients we spoke with told us that they were aware they could request a longer appointment including a double appointment if required.

Are services well-led?

Good 

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

Our findings

At our inspection in September 2016 we rated the well led domain as good. However, we identified one area within the responsive domain where improvement should be made:

- Ensure all practice policies and procedures were dated at the time of writing and last review.

At this inspection in September 2017 we found the practice had made significant improvements in this area:

- The practice now ensured that all policies and procedures were dated at the time of writing and date of the last review.

- The practice used a computer system called “IQ Compliance Manager” to maintain over 200 policies. We saw that these had been reviewed annually and review dates were updated on the front summary sheet for each policy or protocol. We saw evidence that members of staff were able to access this software from their desktop. For example, the third party medical report policy had been created on 18 May 2014. This policy had been updated in May 2015, reviewed in May 2016, and reviewed and updated in August 2017. Future reviews were planned annually. The safeguarding policy had been created in August 2016 and updated in August 2017.