

# The Orchard Medical Centre

## Quality Report

MacDonald Walk  
Kingswood  
Bristol  
South Gloucestershire  
BS15 8NJ  
Tel: 01179 805100  
Website: [www.orchardmedicalcentre.co.uk](http://www.orchardmedicalcentre.co.uk)

Date of inspection visit: 1 February 2017  
Date of publication: 27/02/2017

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

Are services safe?

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	5
Background to The Orchard Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Orchard Medical Centre on 10 May 2016. The overall rating for the practice was good with the safe domain rated as requiring improvement. The practice needed to improve their systems in infection control, emergency medicines, vaccines and blank prescription management. The provider sent us an action plan following our inspection detailing how they would improve. The full comprehensive report from the May 2016 inspection can be found by selecting the 'all reports' link for The Orchard Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection on the 1 February 2017 to confirm that the practice had carried out their action plan to meet the legal requirements in relation to the breach of regulation 17, good governance in which areas of concern had been identified during our previous inspection on the 10 May 2016. This report covers our findings in relation to those requirements and the improvements the provider had made since our last inspection.

Overall the practice is now rated as good for all domains.

Our key findings were as follows:

- The practice now had good governance systems in place to assess, monitor and improve the quality of the service to ensure risks to patients' health and safety were minimised. For example, the auditing and monitoring of; infection control, emergency medicines and equipment, security of prescriptions and vaccines had now been improved.

The practice had two areas where they should improve following the inspection carried out in May 2016. We also reviewed these areas at this inspection.

In May 2016 we reported the practice should ensure that all required clinical staff were trained in accordance with best practice guidance for the insertion of intrauterine devices. We found on this inspection that the GP partners had reviewed who was appropriately trained to carry on providing this service to patients following the new best practice guidance from the Faculty of Sexual and Reproductive Healthcare. There were now two GPs who had the appropriate training and were identified as appropriate to carry out these procedures.

In May 2016 we reported the practice should improve on ensuring their systems for monitoring risks to patients, such as infection control and medical emergencies, were

# Summary of findings

fully embedded within the staff team and were completed consistently. We found procedures were now embedded and carried out consistently within the staff team.

**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 now had good governance systems in place to assess, monitor and improve the quality of the service to ensure risks to patients' health and safety were minimised. For example, the auditing and monitoring of infection control, emergency medicines and equipment, security of prescriptions and vaccines had now been improved.

**Good**



# The Orchard Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was carried out by a CQC inspector.

## Background to The Orchard Medical Centre

The Orchard Medical Centre is an urban practice providing primary care services to patients who reside in the Kingswood area. The practice has areas of high deprivation and a high level of patients with long term conditions.

The practice operates from one location:

MacDonald Walk,

Kingswood,

South Gloucestershire

BS15 8NJ

The practice owned the purpose built building which has other healthcare practitioners co-located there. Patient services are located on the ground floor and first floor of the building which is accessible using a lift. There were 26 consulting rooms including seven treatment rooms. The practice has a patient population of approximately 12,900.

The practice has a six GP partnership registered with the CQC (3 male and 3 female), four associate GPs, a full-time pharmacist, a practice manager, four practice nurses including a nurse prescriber, three treatment room nurses, one health care assistant and a health care practitioner. The clinical staff provided 52 sessions each week. Each GP has a lead role for the practice and the nursing staff have an area of expertise, such as diabetes or infection control.

The practice is open Monday to Friday 8am – 6:30pm and Saturdays from 8am – 1pm.

The practice had a Personal Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provided enhanced services which included facilitating timely diagnosis for patients with dementia and childhood immunisations. The practice is a teaching practice with two GP trainers and takes medical students from the Severn deanery.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access out of hours service via the NHS 111 who work with BrisDoc to provide the out of hours GP service for the area.

## Why we carried out this inspection

We undertook a follow up focused inspection of The Orchard Medical Centre on 1 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The practice had a comprehensive inspection on 10 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with the safe domain requiring improvement. The full comprehensive report from May 2016 can be found by selecting the 'all reports' link for The Orchard Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

## How we carried out this inspection

We carried out a follow up focused inspection of The Orchard Medical Centre on 1 February 2017. This involved reviewing evidence that:

- Documented records of checks and viewed procedures on infection control, medical emergencies medicines and equipment, vaccines and blank prescriptions.
- Speaking with staff who were involved in these checks including the practice manager

# Are services safe?

## Our findings

At our previous inspection on 10 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control auditing, blank prescription management, monitoring vaccines safely and the monitoring of emergency equipment were not adequate.

These arrangements had improved when we undertook a follow up inspection on 1 February 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

#### Infection control

Previously, we found that infection control audits were completed and areas for improvement were identified. However, addressed actions were not always fully recorded. On this inspection we found monthly infection control audits were completed for all areas of the practice by the infection control lead person at the practice. The practice had introduced a new auditing system and the audit covered a scoring system, areas within the practice were reviewed to ensure they met infection control guidelines, such as the treatment rooms, toilets and an action plan had been devised as a result of audit outcomes. We reviewed three audits from September 2016, October 2016 and January 2017. We saw actions had been addressed within reasonable timescales or were in progress due to issues out of the practice control. For example, a damaged treatment room floor had been identified and within a week it had been replaced. We saw at the end of each month the infection control lead person at the practice and the manager had reviewed the actions to ensure they were addressed within an appropriate length of time.

#### Medicines management

Previously, we found the auditing of the security of blank prescriptions required improvement. Since our last

inspection we saw the practice had secured the blank prescription pads within an area of the practice which only had access from authorised members of staff. We saw new prescription pads were signed in by two members of staff and logged. Stock was rotated and when clinical staff required new stock this would be signed out by an authorised member of staff. This member of clinical staff was then responsible for ensuring they were kept secure. All consulting rooms were now routinely locked when they were not being used.

At the last inspection, we found vaccines were not always checked to ensure they were kept at the appropriate temperature range. On this inspection we found there was a new checking system in place. The practice manager kept records of these checks and we reviewed January 2017 records. We saw there had been one entry where the temperature had been higher and action had been taken to review the reason why. The practice was also trialling the use of a data logger with one of the refrigerators whilst manually taking the temperature. The data logger had the ability to read the refrigerator temperature continually. This was downloaded each morning and had the ability to produce graphs to show if and when the temperature went out of sync throughout the last 24 hours. This provided an accurate temperature range throughout the whole day rather than from the morning check.

#### Arrangements to deal with emergencies and major incidents

Previously, we found emergency equipment was not always checked as planned. On this inspection we saw that the practice had a resuscitation pack including medicines and equipment. They also had three home visit medicine boxes. Emergency medicines, equipment and home visit boxes were checked on a weekly basis and we saw checks from December 2016 and January 2017 to evidence this. We saw the practice had completed a risk assessment for not carrying opiates as part of their emergency medicine kit.