

The Orchard Surgery

Quality Report

Willow Parade
276 High Street Langley
Slough
Berkshire
SL3 8HD

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Date of inspection visit: 6 January 2016

Date of publication: 25/02/2016

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires improvement	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Orchard Surgery, Willow Parade, 276 High Street Langley, Slough, Berkshire, SL3 8HD on the 6 January 2016. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous inspection in May 2015 found breaches of regulations relating to the safe, effective, caring and responsive delivery of services. There were also concerns and regulatory breaches relating to the management and leadership of the practice, specifically in the well led domain. The overall rating of the practice in May 2015 was inadequate and the practice was placed into special measures for six months. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

At the inspection in January 2016, we found the practice had made significant improvements since our last inspection in May 2015 and that they were meeting the regulations which had previously been breached.

Specifically, we found the practice to require improvement for the provision of a responsive service. It was good for providing safe, effective, caring and well led services.

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

- All the partners and staff worked hard to undertake a complete review of the service since the previous inspection and made sustainable improvements.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients were assessed and well managed.
- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain were available and easy to understand.
- Patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the surgery by telephone each morning. Urgent and online appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Further review the appointments booking system and the waiting time it takes to get through to the practice by telephone. Improve the availability of non-urgent appointments with a named GP.
- Implement a system to promote the benefits of breast screening and flu vaccination rates for the over 65s to increase patient uptake.
- Ensure to develop and implement clear action plans, to improve the outcomes for learning disabilities patients.
- Take action to review their approach and support for patients with carers responsibility.

I confirm that this practice has improved sufficiently to be rated 'Good' overall. The practice will be removed from special measures.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Following our previous inspection in May 2015 the practice had made significant improvements in areas relating to medicines management, infection control and all staff had received relevant role specific training on safeguarding.
- At the inspection on 6 January 2016, there was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Following our previous inspection in May 2015 the practice had made significant improvements in areas relating to clinical audit cycles and all staff had received relevant role specific mandatory training.
- At the inspection on 6 January 2016, data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Following our previous inspection in May 2015 the practice had made significant improvements in areas relating to provide support for patients who did not speak English as a first language.
- At the inspection on 6 January 2016, we noted the practice was offering translation service and a new multi-language self check-in screen was installed near the entrance. The practice had redesigned the reception area to enhance patients privacy and maintain confidentiality.
- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

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

- Following our previous inspection in May 2015 the practice had made some improvements in areas relating to appointment system. The practice had installed a new self check-in screen, introduced an online GPs appointment booking facility and installed a new telephone system.
- At the inspection on 6 January 2016, we found that patients were not satisfied with the appointments booking system and the waiting time it took to get through to the practice by telephone. However, the practice recognised the increasing demand and was in the process of implementing and reviewing changes. The practice was planning to audit telephone answering data and recognised that they were required to monitor and improve the waiting time it takes to access the practice by phone.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, with urgent appointments available the same day.

Requires improvement



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- Following our previous inspection in May 2015 the practice had made significant improvements in areas relating to weak leadership, poor governance system, strategy and vision. When we visited the practice in May 2015 we found the practice had not acted on feedback from staff and patients, and the practice did not demonstrate a culture of continuous learning.
- At the inspection on 6 January 2016, we noted the practice had carried out a complete review of the provision of services, there was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activities and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risks.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

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 patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was lower than the national average.
- The premises were accessible to those with limited mobility. However, the front automated door was not working properly.
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses.

People with long term conditions

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

Good



- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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 patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 79%, which was above the CCG average of 72% and national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available two evenings from 6:30pm to 8pm during week days at the practice. In addition, extended hours appointments were available Monday to Friday evenings from 6:30pm to 8pm and every Saturday and Sunday from 9am to 1pm at Langley Health Centre (another local practice which was part of a Prime Minister's GP Access Fund scheme).

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice did not have any homeless patients or travellers at the time of inspection.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for eight patients out of 15 patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



Summary of findings

- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including people with dementia).

- 87% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with some local average and below to the national average. There were 120 responses (out of 401 sent out) and a response rate of 30%. The latest survey results showed limited change to patient experience when compared to those from the last inspection.

- 67% with a preferred GP usually get to see or speak to that GP compared with a clinical commissioning group (CCG) average of 41% and a national average of 60%.
- 86% say the last appointment they got was convenient compared with a CCG average of 83% and a national average of 92%.
- 81% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 53% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 51% and a national average of 65%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 77% and a national average of 85%.
- 42% describe their experience of making an appointment as good compared with a CCG average of 55% and a national average of 73%.
- 30% find it easy to get through to this surgery by phone compared with a CCG average of 48% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were mostly positive about the standard of care received. We spoke

with 20 patients and one patient participation group (PPG) member during the inspection. Patients we spoke with and comments we received were very positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients were not satisfied with the appointments booking system and had to wait long time to get through to the practice by phone. These concerns were highlighted at the previous inspection in May 2015.

The practice informed us they had taken number of steps to address concerns raised during patient feedback. The practice had reviewed their appointment booking system, introduced online GPs appointments and installed a new telephone system. However, the practice recognised that there was more work to do to monitor and review appointments booking system and waiting time to get through to the practice by phone.

The practice had carried out an internal survey in October 2015, which was completed by 60 patients. Results from the survey showed;

- 63% patients said they had noticed improvement in getting through to the practice by telephone since the installation of new telephone system.
- 63% patients were satisfied with the practice's opening hours.

Areas for improvement

Action the service **SHOULD** take to improve

- Further review the appointments booking system and the waiting time it takes to get through to the practice by telephone. Improve the availability of non-urgent appointments with a named GP.
- Implement a system to promote the benefits of breast screening and flu vaccination rates for the over 65s to increase patient uptake.
- Ensure to develop and implement clear action plans, to improve the outcomes for learning disabilities patients.
- Take action to review their approach and support for patients with carers responsibility.

The Orchard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to The Orchard Surgery

The Orchard Surgery is a suburban practice on the eastern border of Slough, with easy access to three mainline motorways, Heathrow Airport and London. The practice is a purpose built premises with car parking for patients and staff. There is ramp access for patients and visitors who have difficulty managing steps. All patient services are on the ground floor. The practice comprises of six consulting rooms, two treatment rooms, patient waiting area, administrative and management offices and meeting rooms.

There are three GP partners, one salaried GP and three locum doctors at the practice. Five GPs are male and two female. The practice employs one senior practice nurse and one practice nurse. The practice manager is supported by an assistant practice manager and a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice has a patient population of approximately 8,000 registered patients. The practice population of patients aged under 18, and between 30 and 49 years are higher than national and Clinical Commissioning Group (CCG) averages and there are a lower number of patients between 20 and 24 years old and aged above 50 years old. The practice serves a large ethnic population, with diverse cultural beliefs and needs. The practice demographic ranges from affluent and middle class, to deprived and unemployed patients. The practice also provides care to asylum seekers, refugees and the travelling community.

The practice is split over two sites, The Orchard Surgery and Wheelwrights Place Surgery (only used for administration purposes). We inspected The Orchard Surgery and not the administration office at 11 Wheelwrights Place, High Street, Colnbrook, SL3 0JX.

Services are provided from following location:

The Orchard Surgery

Willow Parade

276 High Street

Langley

Slough

Berkshire

SL3 8HD

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by East Berkshire Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

Detailed findings

Why we carried out this inspection

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

The practice was previously inspected on the 13 May 2015 and was rated as inadequate for safe, responsive and well-led domains, and requires improvement in effective and caring. The overall rating for the practice was inadequate and they were placed into special measures.

The practice was found to be in breach of three regulations of the Health and Social Care Act 2008. Requirement notices were set for the regulations relating to the unsafe use and management of medicines, infection control and safeguarding training. Warning notice was issued for the regulation relating to good governance. There was not an effective operation of systems designed to regularly assess and monitor the quality of the services, to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk.

How we carried out this inspection

Prior to the inspection we contacted the Slough Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by The Orchard Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

Since previous inspection in May 2015, the Slough Clinical Commissioning Group (CCG) and National Health Service England (NHSE) have organised an additional support for

the practice. A practice improvement lead GP and a senior GP from a neighboring practice have supported The Orchard Surgery in developing and implementing the action plan, which resulted in significant improvements identified during the inspection on 6 January 2016.

The inspection team carried out an announced visit on 6 January 2016. During our visit we:

- Spoke with 15 staff and 20 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 patients 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).

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

When we inspected the practice in May 2015 we observed that some safety concerns were not consistently monitored in a way to keep patients safe. For example, some actions relating to infection control and medicines management did not reflect national guidelines in relation to safe practice. The practice did not have robust systems for checking fridge temperatures, disseminating learning that had occurred from significant events and complaint outcomes to practice staff. We found not all staff had received relevant role specific training on safeguarding.

Safe track record and learning

At the inspection in January 2016, we noted there was an open and transparent approach and 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.
- We reviewed records of 19 significant events and incidents that had occurred during the last 12 months. There was evidence that the practice had learned from significant events and implementing change was clearly planned. For example, a child mother had been given wrong information about the child immunisation regime by a locum nurse. The practice had investigated this issue as a significant event. The practice had arranged a training session for the locum nurse to ensure that vaccines were given to patients safely and in line with current guidelines.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Significant events were a standing item on the practice meeting agenda.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding children level three, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.

- A notice was displayed in the waiting room, advising patients that clinical staff would act as a chaperone, if required. All clinical staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS). (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. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- When we inspected the practice in May 2015 we did not see a clear policy for ensuring that medicines were kept at the required temperatures. We did not see a policy for what to do in the event of a power failure for the medicines requiring cold storage.
- At the inspection in January 2016 we checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after

Are services safe?

specific training when a doctor or nurse were on the premises. Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.

- Recruitment checks were carried out and the four staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.

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. The practice had an up to date fire risk assessment in place and they carried out fire safety checks.
- All electrical and clinical equipment was checked to ensure it was safe. 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 (a bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were

always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical and non-clinical staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted that defibrillator checks were carried out and documented regularly. 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

When we inspected the practice in May 2015 practice staff described a number of areas that were audited and we saw that a number of clinical audits had been completed but these were not completed two cycle audits and some staff had not received relevant role specific mandatory training.

Effective needs assessment

At the inspection in January 2016 we noted that the practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2014-15, the practice had achieved 98% of the total number of points available, compared to 97% locally and 94% nationally, with 10% exception reporting. The level of exception reporting was higher than CCG average (8%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included. During the inspection the CQC GP specialist advisor discussed exception reporting; we received detailed assurance that this level of reporting was accurately documented and recorded. We noted low exception reporting and good progress in current year QOF results.

Data from 2014-15 showed;

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) average and better than the national average. The practice had achieved 91% of the total number of points available, compared to 91% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 91% of the total number of points available, compared to 86% locally and 84% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 99% of the total number of points available, compared to 97% locally and 93% nationally.
- Performance for dementia related indicators were better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 96% locally and 95% nationally.

At the inspection in January 2016 clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked eight clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, in June 2015 the practice had carried out a clinical audit regarding medicines used to prevent inflammation and pain in the joints, muscles and tissues. The aim of the audit was to ensure all patients prescribed this medicine had regular blood tests carried out to monitor serious side effects. The first audit demonstrated that five patients (out of 25 patients) were taking this medicine without appropriate monitoring. The practice reviewed their protocol and invited patients for blood tests. We saw evidence that the practice had carried out follow up audit after six months which demonstrated improvements in patient outcomes and found only three patients did not attend blood tests appointment. The practice had planned to send a reminder again for blood tests appointment and follow up audit was planned after three months.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- At the inspection in January 2016 we found staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when

patients moved between services, when they were referred, or after they were discharged from hospital. The practice had identified 137 patients who were deemed at risk of admissions and care plans (100% patients) had been created to reduce the risk of these patients needing admission to hospital. The practice informed us that A&E admissions had been reduced 25% since the introduction of telephone consultations.

- The practice informed us that multi-disciplinary team meetings were taking place on a regular basis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering smoking cessation advice and data showed 99% smokers had been offered stop smoking advice.

Are services effective?

(for example, treatment is effective)

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79%, which was above the CCG average of 72% and national average of 77%. There was a policy to offer text message reminders for patients about appointments.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 46% of patients eligible had undertaken bowel cancer screening and 71% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccines given to under twos were ranged from 91% to 98% which was above

CCG average ranged from 85% to 94% and five year olds were ranged from 86% to 98% which was above CCG average ranged from 81% to 93%. Flu vaccination rates for the over 65s were 67%, and at risk groups 53%, compared to national averages of 73% and 52% respectively.

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

When we inspected the practice in May 2015 the practice did not have appropriate systems in place to provide support for patients who did not speak English as a first language. The latest survey results showed limited change to patient experience when compared to those from the last inspection.

Kindness, dignity, respect and compassion

At the inspection in January 2016 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 patients were treated with dignity and respect.

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

Most of the 48 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the Clinical Commissioning Group (CCG) and national averages for satisfaction scores on consultations with doctors and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 82% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 75% and national average of 85%. 86% of patients said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 90%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

We saw friends and family test (FFT) results for last three months and 99% patients were likely or extremely likely recommending this practice..

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the 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 and results were above CCG average and comparable the national average. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 81%.

Are services caring?

We noted that translation services were available for patients who did not have English as a first language. The practice had installed a new multi-language self check-in screen.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 22 patients (0.27% of the practice patient population list size) who were carers and they were being supported, for example,

by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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

When we inspected the practice in May 2015 patients reported considerable difficulty in accessing a named GP and poor continuity of care. Patients reported considerable difficulty in getting through on the telephone system and told us it was difficult to get an appointment. The practice had not robustly considered or monitored this concern. We noted the automatic front door was not in working order and as a result we saw that patients with limited mobility, wheelchair users and patients with prams had difficulty with accessing the service. The practice was planning to pave and ramp the area to rear of premises for better access from the car park and this had been discussed with the landlord but they had not actioned this. The practice had not undertaken a risk assessment to mitigate the risks to patients with regards to access. The latest survey results showed limited change to patient experience when compared to those from the last inspection.

Responding to and meeting people's needs

At the inspection in January 2016 we found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a smoking cessation clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The Orchard Surgery occupied a purpose built building, which was leased to the practice. The practice did not have control over the building maintenance or management, as this was managed by another organisation. This had limited the practice in what they could provide to patients. For example, the practice informed us they had requested landlord to arrange the repairs for automatic front door but they had not actioned this. However, they had completed the pavement and ramp work to rear of premises for better access from the car park.
- The practice had undertaken a risk assessment to mitigate the risks to patients with limited mobility, wheelchair users and patients with prams with regards to access. The practice had installed door bells at both front and rear entrance.

Access to the service

The practice was open from 8am to 6:30pm Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call 111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8:30am to 5:30pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to two days and two weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours appointments every Monday and Tuesday or Thursday evenings from 6:30pm to 8pm. In addition, the practice offered extended hours appointments Monday to Friday from 6:30pm to 8pm and every Saturday and Sunday from 9am to 1pm at Langley Health Centre (funded by the Prime Minister's GP Access Fund).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mostly below to the CCG average and the national average. For example:

- 30% of patients said they could get through easily to the practice by phone compared to the CCG average of 48% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 42% of patients described their experience of making an appointment as good compared to the CCG average of 55% and national average of 73%.
- 53% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 51% and national average of 65%.
- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.

The practice was aware of poor national survey results and they had taken number of steps to address the issues. For example;

- The practice informed us they had installed a new self check-in screen (multi-language) and was encouraging patients to use it to reduce the queues at the reception.
- The practice had also introduced an online appointment system and GPs appointments were released before the practice opening times.
- The practice had installed a new telephone system and informed us they were awaiting software to collect the phone call data from the phone provider so they could continuously monitor and further improve in this area.
- Staff we spoke to confirmed that they had noticed improvements to get through to the practice by phone since the introduction of new telephone system.
- The patients we spoke with on the day informed us they were not always able to get appointments (pre-bookable and same day non-urgent) when they needed them.
- Most of the patients we spoke with on the day raised concerns about the appointment booking system and said they had not noticed any significant improvements in the last six months. They also informed us that they had to wait long time to get through to the practice by phone.

- We checked the online appointment records of three GPs and noticed that the next appointments with named GPs were available within three weeks and with a duty GP with in two weeks. Urgent appointments with duty GPs or nurses were available the same day.
- The practice recognised that there was more work to do to monitor and review appointments booking system and waiting time to get through to the practice by phone.

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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 10 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in May 2015 the practice did not have a documented business

or strategic plan in place. There was no clear vision and strategy with realistic plans to achieve the vision, values and strategy. Governance systems were in place but these were unclear and not always effective. The weak leadership of the practice was not always consistent which impacted on the quality and safety of the service to patients. The practice had not taken all measures to identify, assess and manage risks. The practice had not always acted on patient feedback. The latest survey results showed limited change to patient experience when compared to those from the last inspection.

Vision and strategy

At the inspection in January 2016 the practice showed that they had a clear vision to deliver high quality care and promote good outcomes for patients.

- We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice aims and objectives included working in partnership with patients and staff to provide the best quality patient centred healthcare. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice was also working to achieve training practice status in the near future and one of the partners was going through the relevant training.

Governance arrangements

At the inspection in January 2016 the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Previous CQC registered manager was on long term sick leave and had resigned from his position. New CQC registered manager was in place.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken and we saw four completed audit cycles, which were used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology. They kept written logs 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 the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, practice appointment system had been reviewed, new telephone system was installed and a PPG notice board was displayed following feedback from the PPG.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff.
- Staff we spoke to informed us they had noticed significant improvements in last six months. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. For example, we saw a nurse had completed training courses in wound care and cytology. The practice nurse had already started shadowing senior nurse in the practice during diabetic clinics. A senior nurse was due to attend coil insertion training course.