

The Orchard Surgery

Quality Report

1 Purewell Cross Road
Christchurch
BH23 3AF
Tel: 01202 486456
Website: www.orchard-surgery.co.uk

Date of inspection visit: 17 and 18 May 2016
Date of publication: 26/08/2016

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?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to The Orchard Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Orchard Surgery located at Christchurch Medical Centre on 17 and 18 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. This was beginning to influence the development of a common approach across all three practices based at Christchurch Medical Centre.
- Risks to patients were assessed and well managed. The practice provided leadership and managed a team, which proactively managed vulnerable patients and those at risk of unplanned hospital admission.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- Governance systems in regard of patient safety were not effective in picking up gaps in training for staff in regard to the role and responsibilities of a chaperone, the Mental Capacity Act 2005 or fire safety.

We saw two areas of outstanding practice:

- Orchard Surgery provided leadership for the Action Management Before Emergency Risk team (AMBER), providing proactive support to vulnerable patients to avoid unplanned hospital admissions where ever possible. Data across all three practices demonstrated that patients were successfully cared for in the community limiting the number of unplanned hospital admissions for them.

- GPs held lead roles with the Dorset Clinical Commissioning Group for prescribing and safeguarding. Through this engagement with local GP practices, the GPs promoted better patient experience and joined up working. A safeguarding template for both adults and children had been created, by a GP from the practice, with hyperlinks to current guidelines and had been rolled out to other practices in the area.

The areas where the provider must make improvement are:

- Ensure that mandatory training is managed effectively so that patient safety is promoted and any risks that could affect the quality of care are reduced. These must include effective monitoring of fire safety training and drills, Mental Capacity Act 2005 training for all staff, and chaperone training for those staff undertaking this role.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found governance arrangements in regard of patient safety were not effective in picking up gaps in training. For example, some training updates had not been provided for staff. This included: the role and responsibilities of chaperones and fire safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others 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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 three practices based at Christchurch Medical Centre had an Action Management Before Emergency Risk team (AMBER) approach, providing proactive support to vulnerable patients to avoid unplanned hospital admissions where ever possible. Unlike other similar schemes in Dorset, the CCG had funded extra staff for this. A GP at Orchard Surgery co-ordinated the team activities. Data provided by the practice demonstrated that for the period January to March 2016, 114 patients were supported by the team. Of these, 23 patients were high risk and vulnerable. During the period, there had been only 12 hospital admissions, which were for emergencies, for patients registered at the Orchard Surgery.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 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.

Good



- The practice had 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 it.
- There was a clear leadership structure and staff said they felt supported by management. For example, The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, the monitoring and delivering of mandatory training in regard of patient safety required improvement to ensure that risks were managed effectively and promoted quality care.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The Orchard Surgery has nearly double the number of patients over 75 years (12.3% of the practice list) compared with the national average of 7.7%. There was a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. All of the patients had a named GP and their health needs closely monitored.
- The practice was responsive to the needs of older people. It had a well resourced Action Management Before Emergency Risk team (AMBER) approach, supporting vulnerable people. The team provided home visits and proactive monitoring to avoid unplanned hospital admissions.
- The practice had a named member of staff as the carer lead who was proactive in identifying any carers, signposting and providing support to them where needed.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the national average. For example, 94% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88.3%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care including. Patients were able to access appointments on-line and have telephone consultations. Extended hours were provided between 7.30pm and 8am on Tuesday and between 6.30pm and 8pm on Thursday. Patients could receive SMS text prompts for appointments if they registered for this service.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The three practices at Christchurch Medical Centre had an Action Management Before Emergency Risk team (AMBER) approach to supporting vulnerable patients. The team provided home visits and proactive monitoring to avoid unplanned hospital admissions where ever possible. Unlike other similar schemes in Dorset, the team had greater resources and comprised of two female nurses, three healthcare assistants and a dedicated administrator. Data provided by the practice

Good



Summary of findings

demonstrated that for the period January to March 2016, 114 patients were supported by the team. Of these, 23 patients were high risk and vulnerable. During the period, there had been only 12 hospital admissions, which were for emergencies, for patients registered at the Orchard Surgery.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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 people experiencing poor mental health (including people with dementia).

- 77.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 85%.
- Performance for mental health related indicators was above the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty seven survey forms were distributed and 124 were returned. This represented approximately 1.7% of the practice's patient list. Results from the survey showed;

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Staff were described as being efficient, friendly and caring. Patients had confidence in the treatment and care they were receiving.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Between November 2015 and April 2016, 182 patients had completed the Friends and Family Test survey at the practice. During this period on average 76% of patients were extremely likely to recommend Orchard Surgery to their friends or family.

Areas for improvement

Action the service MUST take to improve

- Ensure that mandatory training is managed effectively so that patient safety is promoted and any risks that could affect the quality of care are reduced.

These must include effective monitoring of fire safety training and drills, Mental Capacity Act 2005 training for all staff, and chaperone training for those staff undertaking this role.

Outstanding practice

- Orchard Surgery provided leadership for the Action Management Before Emergency Risk team (AMBER), providing proactive support to vulnerable patients to avoid unplanned hospital admissions where ever possible. Data across all three practices demonstrated that patients were successfully cared for in the community limiting the number of unplanned hospital admissions for them.
- GPs held lead roles with the Dorset Clinical Commissioning Group for prescribing and safeguarding. Through this engagement with local GP practices, the GPs promoted better patient experience and joined up working. A safeguarding template for both adults and children had been created, by a GP from the practice, with hyperlinks to current guidelines and had been rolled out to other practices in the area.

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 adviser, a second CQC inspector, and a practice nurse specialist adviser and a practice manager specialist adviser.

Background to The Orchard Surgery

The Orchard Surgery is situated at Christchurch Medical Centre, working collaboratively with two other GP practices located there (Farmhouse Surgery and The Barn Surgery). The practice provides general medical services in Christchurch, Dorset. The area covered incorporates the coastal town, attracting temporary residents on holiday during the Summer months. There is low social deprivation in the area. At the time of the inspection, there were 7271 patients on the practice list and the majority of patients are of white British background. The Orchard Surgery has nearly double the number of patients over 75 years (12.3% of the practice list) compared with the national average of 7.7%. There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age. All of the patients have a named GP.

The practice has three GP partners and two salaried GPs (two male and three female). The practice uses the same GP locums for continuity where ever possible. The nursing team consists of ten female nurses. Four nurses are qualified practice nurse and one is a nurse practitioner. All the practice nurses specialise in certain areas of chronic disease and long term conditions management. The

Orchard Surgery is managed by a team shared with the other two practices at Christchurch Medical Centre. Leading the team is a strategic business manager and a practice support manager who are supported by administrative and reception staff. Some of these roles are shared across all three surgeries promoting close working with Farmhouse and Barn surgeries.

Orchard Surgery is an approved teaching practice with Health Education Wessex. Two GP partners are approved as trainers. The practice normally provides placements for trainee GPs and F2 trainees (qualified doctors in the second year of their foundation training). Teaching placements are provided for medical students. No students were at the practice at the time of the inspection.

The practice has an Action Management Before Emergency Risk team (AMBER) approach, which is co-ordinated on behalf of the other practices by a GP from Orchard Surgery. The team works across all three practices based at Christchurch Medical Centre. The purpose is to support vulnerable patients, provide home visits and proactive monitoring to avoid unplanned hospital admissions where ever possible. It comprises of two female nurses, three healthcare assistants and a dedicated administrator.

The practice is open 8.30am to 6.30pm Monday to Friday. Phone lines are open from 8.30am to 6.30pm, with the out of hours service picking up phone calls outside of these times. GP appointment times were available morning and afternoon every weekday. Extended opening hours are provided: early morning appointments are available from 7.30am every Tuesday, and evening appointments are available every Thursday from 6.30pm - 7.30pm. Telephone appointments are available Monday – Friday by arrangement. Patients are able to book routine appointments on line up to five weeks in advance.

Information about this is listed on the practice website and patient information leaflet.

Detailed findings

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by the out of hours service in Dorset. The practice closes for two afternoons a year for staff training and information about this is posted on the practice website.

The practice has a General Medical Service (GMS) contract.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 and 18 May 2016. During our visit we:

- Spoke with a range of 12 staff (GPs, strategic business manager, practice nurses, practice manager, reception administrative staff) and spoke with 12 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 21 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed four emails from patients who were members of the patient participation group.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice had taken the lead in developing a common reporting approach and template for all three GP practices based at Christchurch Medical Centre.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had two significant events regarding prescription stationary. Firstly, a blank prescription was stolen which the practice was alerted to when a person presented it to a chemist. The practice had reviewed security and tracking of all prescription stationary used to a named GP or nurse prescriber. Secondly, procedures were reviewed when prescriptions were collected by a third party. All persons collecting a prescription to take to a chemist were now required to produce photographic identification, which was checked against a written authorisation from the patient held at the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. For example, staff had raised concerns about an older patient and their spouse who was their carer. This had resulted in considerable support being put in place for both patients so that any potential risks could be proactively managed.
- A staff training log sent before the inspection showed that there were gaps in safeguarding training, however this was found to be inaccurate. For example, the staff training log showed that 12 out of 34 staff had completed child safeguarding training. The safeguarding lead was also the Clinical Commissioning Group safeguarding lead. Minutes of meetings and discussion with staff demonstrated that staff had completed training with the GP Safeguarding lead and were appropriately following procedures. All GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Information sent by the practice prior to the inspection had no dates when chaperone training had been provided for staff who might be expected to undertake the role. The chaperone policy had recently been updated and stated that only staff who were trained and had a DBS check would undertake this role (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). Reception staff verified that they had not been asked to undertake this role. Two nursing staff verified that they could be asked to undertake chaperone duties and both had a DBS check. They had access to online training and had been asked to complete it.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection

Are services safe?

prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken, including handwashing audits. Patients had been invited to comment on whether the GP or nurse they had seen had washed their hands or used alcohol gel before and after examining them. The findings were fed back to staff at an educational meeting to improve hand hygiene during consultations. We saw evidence that other action was taken to address any improvements identified by audits. For example, feedback had been given to cleaning staff ensuring that blinds were regularly cleaned to avoid a build up of dust accumulating to reduce the likelihood of a spread of infection risks.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and systems had been reviewed with increased vigilance of their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We saw records demonstrating that practice was in regular contact with the medicines optimisation team at the clinical commissioning group (Dorset CCG).
- We reviewed one personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment with clear evacuation information throughout the building for staff to follow. However, records showed that fire drills were not carried out frequently. A staff training log sent by the practice showed that 18 out of 34 staff had received fire training up to April 2015, with no dates against the remaining staff names. Twelve staff we spoke with verified that they had not received any recent fire training or drills in the last 12 months.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked throughout the whole Christchurch Medical Centre site to ensure the equipment was safe to use. For example, the fixed wiring was checked by an external specialist in November 2013. Certificates seen demonstrated that clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Every GP had a GP buddy who covered their work during annual leave or absence. This included reviewing patient investigation results and taking action where necessary. No two GP buddies could take leave at the same time to avoid patient needs not being met.

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 on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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. Significant event records seen demonstrated that the practice was effective in putting these procedures into place on two consecutive days in

March 2016 when the telephone system failed. The fault was quickly rectified each time. However, the practice established that diversions could be put in place by the telephone provider to alternative phone numbers. Learning from this incident, the practice had purchased three mobile phones which were shared with the other two practices located at Christchurch Medical Centre for emergency use in the future.

- Safety systems were in place to ensure that results and urgent referrals were monitored and followed up promptly. For example, a secretary had responsibility for monitoring when urgent requests for hospital investigations were made for patients. They ensured that patients were receiving hospital appointments within two weeks of referral and demonstrated actions taken when this had not happened.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. For example, in 2014 the practice had acted on a national study of preventable deaths of people with asthma. A search of all patients diagnosed with asthma took place and patients were offered a review with the respiratory nurse specialist. Changes to preventative treatments were made where necessary and the patient's inhaler technique was checked. Patients had a self-management plan which was written with them, promoting better health and reducing the risks associated with uncontrolled asthma. A second cycle of the audit was underway at the time of this inspection.
- 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 and 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). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. We looked at the exception reporting for the diabetes and mental health registers of patients. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice QOF exception reporting was lower when compared with the CCG and national averages. For example, for diabetes the practice exception reporting was 8.4% versus the CCG and national averages of 15% and 10.8%.

Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. For example, 94% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88.3%).
- Performance for mental health related indicators was above the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%)

There was evidence of quality improvement including clinical audit.

- There had been 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 local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included development of a protocol to robustly track results after patients had skin lesions removed. A system had been implemented so that a tracker was monitored by a named nurse. The second cycle audit showed that 100% of specimens sent for analysis, were checked and had been appropriately acted upon.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice provided us with information about staff training prior to the inspection. All staff had received basic life support training. However, the information sent showed there were gaps in training about; the role and

Are services effective?

(for example, treatment is effective)

responsibilities of chaperones, fire safety and the Mental Capacity Act 2005. Arrangements had been set up for staff to access and make use of e-learning training modules, which when interviewed staff confirmed they were using. For example, nurses demonstrated that they had recently completed safeguarding training on line. Recent in-house dementia training in March 2016 had been provided for all staff across the practices of Christchurch Medical Centre. This was part of the practices drive towards becoming 'Dementia Friendly' practices with increased accessibility for patients with cognitive impairment.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work; for example, ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. There was a rolling schedule of appraisals taking place and all staff who were in post before May 2015 had received an appraisal within the last 12 months.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. For example, they shared examples of where they had taken decisions in the best interests of patients. We saw templates which had been developed and prompted staff to assess a patient's capacity. However, the practice sent a staff training log prior to the inspection which showed that none of the staff had received formal training about the Mental Capacity Act 2005. The practice had recognised the lack of training and was prioritising learning in this area.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- 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 service.
- Practice nurses told us that they worked closely with learning disability nurse specialists to support patients with learning disabilities to lead healthier lives. A rolling programme of annual health checks was underway and patients had written health plans.
- Smoking cessation advice was available from practice nurses and information provided about a local support group.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and in easy read format for those with a learning disability. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages (under two year olds ranged from 48.2% to 97.2% and five year olds from 91.8% to 97.4. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 53% to 100% and five year olds from 91% to 97.1%.

Patients had access to appropriate health assessments and checks. Health checks for new patients and NHS health checks for patients aged 40 to 74 were offered. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We saw that consultation and treatment room doors were closed during consultations; 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 a confidentiality agreement, which staff followed and had been developed across all three practices at the medical centre.

All of the 21 patient Care Quality Commission 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 spoke with four members of the patient participation group (PPG) at the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff responded compassionately when they needed help and provided support when required. This was further illustrated by charitable work that staff were involved in, including:

- Staff raising funds for the AMBER team by selling books and a GP did sponsored runs. Over Christmas, this had enabled the AMBER team to invite all the vulnerable patients out for a meal to reduce the risk of social isolation over the festive period.
- The practice had food bank vouchers to give out to the most needy patients and staff donated food to the charity.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.2% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the 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 96.8% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93.5% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87.4% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.4% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

In total, twelve patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and above national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

Are services caring?

- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Data seen for 2015/16 showed that the practice followed the Gold Standards Framework when providing palliative care for patients at the end of their lives. The practice had enabled 24 out of 27 patients who had died to achieve their wishes regarding their preferred place of care.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice was proactive in identifying carers and had added this question to the new patient registration form. At the point of inspection, the practice had identified 246 patients as carers (approximately 3.4% of the practice list). Orchard Surgery had a carers pack which it gave to anyone identifying themselves in this role. The practice had a named member of staff who was the carer lead who was mentoring another member of staff to undertake this role in another practice. The carers lead role included identification of carers, signpost and provide support to them where needed. Written information was displayed in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. The Action Management Before Emergency Risk team (AMBER), also provided support for carers as part of the end of life care for vulnerable frail patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Orchard Surgery had nearly double the number of patients over 75 years (12.3% of the practice list) compared with the national average of 7.7%. There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age.

- The Action Management Before Emergency Risk team (AMBER), was co-ordinated by a GP from Orchard Surgery on behalf of all the practices based at Christchurch Medical Centre. The team supported vulnerable patients, provided home visits and proactive monitoring to avoid unplanned hospital admissions where ever possible. Unlike other similar schemes in Dorset, the team had greater resources and comprised of two female nurses, three healthcare assistants and a dedicated administrator. Data provided by the practice demonstrated that for the period January to March 2016, 114 patients were supported by the team. Of these, 23 patients were high risk and vulnerable. During the timespan, there had been only 12 unplanned hospital admissions for patients registered at Orchard Surgery.
- There were longer appointments available for patients with a learning disability. A named member of staff working across all three practices at Christchurch Medical Centre was responsible for recalling patients for their annual appointments.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. Orchard Surgery in conjunction with the other two practices based at Christchurch Medical Centre had begun the process of becoming dementia friendly services. A whole site presentation

and training had been provided for staff in March 2016. Actions taken as a result of the training included improving signage across the medical centre, which had been purchased and was due to be fitted at the time of the inspection.

Access to the service

The practice was open 8.30am to 6.30pm Monday to Friday. Phone lines were open from 8.30am to 6.30pm, with the out of hours service picking up phone calls after this time. GP appointment times were available morning and afternoon every weekday. Extended opening hours were provided: early morning appointments were available from 7.30am every Tuesday, and evening appointments were available every Thursday from 6.30pm until 7.30pm. Telephone appointments were available Monday to Friday by arrangement.

In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for patients that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters were displayed and a summary leaflet was available in the waiting room.

We looked at two out of seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and handled with openness and transparency when dealing with the

complaint. Lessons were learnt from individual concerns and complaints, which were regularly discussed at meetings. The practice also carried out analysis of trends and action was taken to as a result to improve the quality of care. The learning from concerns and complaints were regularly discussed at significant event meetings. For example, minutes for the meeting held in June 2015 demonstrated that there had been a discussion showing reflection about appropriate diagnostic tests to look at alternative causes for shoulder pain. This also raised awareness of when GPs should request an x-ray for patients under the two week wait system, provided rapid diagnosis of patients when symptoms were concerning.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a practice charter which was displayed in the waiting areas and in the leaflet for patients. Staff knew and understood the charter values which highlighted that patients had a right to expect a high standard of medical care and treatment. The charter stated that patients would be treated as a partner in their care, be treated with respect and courtesy so that their needs were met.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had a draft business development plan for 2015-18, which included consideration of merging with the two other practices based at Christchurch Medical Centre. The practice had succession planning in place for when staff were due to retire.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, there was one area of governance identified, which required further development:

The practice did not have an effective system for management of mandatory training in regard to patient safety. Information provided before and verified at the inspection showed that some staff had not completed fire or mental capacity act 2005 training. Staff undertaking the role of chaperone had not received any training about this. The management team told us that in preparing for the inspection, they recognised that this needed improvement

Those governance arrangements that were in place outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, all of the GP partners had lead clinical roles and supported nursing staff specialising in these areas.
- Practice specific policies were implemented and were available to all staff.

- A comprehensive understanding of the performance of the practice was maintained. The practice had a lead GP partner with responsibility for monitoring quality, including patient outcomes through the Quality Outcome Framework (QOF).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. All of the clinical staff, GPs and nurses had carried out quality audits and demonstrated that learning was disseminated and improving outcomes for patients.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice was effectively managing changes to the nursing team which had reduced due to recent retirements. Manager's told us that the recruitment of a new nurse practitioner had been a challenge in the context of nationally recognised shortages of skilled nurses. However, the practice had recruited two new nurses to support the delivery of safe services to patients.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. All of the staff we spoke with told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. In examples seen, we found responses to patients were compassionate and honest. Staff keenly reflected on the learning from these and had implemented changes that would benefit patients.

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. There was a rolling schedule of meetings held weekly, monthly and every quarter. These included, patient care such as hospital admission avoidance for vulnerable patients and end of life care. GP partners met regularly as a team with the Business manager and practice support manager to discuss finance. Minutes were kept and important information was disseminated through other team meetings for administrative and reception staff and the nursing team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. In line with other practices in the locality, Orchard Surgery closed for a few hours twice a year to facilitate staff training. Patients were informed in advance of these closures.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. GP partners worked hard to recognise the commitment and loyalty of staff by providing motivational rewards such as; a Christmas bonus, Christmas party and a summer event. Special efforts were rewarded and noted individually.
- The practice managed the AMBER team on behalf of all three practices sited at Christchurch Medical Centre. This service was funded by the Clinical Commissioning group and provided significant levels of support for vulnerable patients registered at Orchard Surgery. This team is successfully providing comprehensive support, proactively managing patient risks and preventing unplanned hospital admissions.
- The joint appointment of a strategic business manager provided oversight across the three GP practices situated at Christchurch Medical Centre. This enabled the practice to work collaboratively with the two other practices based there.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in 2014/15 PPG members raised concerns about getting appointments. The practice reviewed their appointment system, increased the clinical staff team resource and appointments available to patients with them. At the same time, the practice was approved to become a training practice, which meant that a GP registrar was also seeing patients providing greater access to clinicians.
- The PPG was actively involved in health promotion, for example, during the winter months members helped with the flu clinic management. Members attended local patient forums and disseminated information from these to the practice to drive improvement.
- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, nursing staff at Orchard Surgery demonstrated innovation regarding the development of chronic disease templates to provide a standardised approach to assessing patient's needs. They had shared these templates with the other two practices based at Christchurch Medical Centre. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Two GP partners were leads at Dorset Clinical Commissioning Group for prescribing and safeguarding. Through this engagement with local GP practices, the GPs were promoting better patient experience and joined up

Are services well-led?

Good 

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

working. For example, the safeguarding lead had created electronic safeguarding templates for both adults and children. The template contained hyperlinks to current guidelines for any member of staff completing it to follow. The use of this template had been implemented across all practices in the CCG area.

Orchard Surgery was working with seven other practices in the locality as a federation to increase collaboration and creation of shared policies and procedures. Through this federation the locality had been successfully awarded contracts including delivering smoking cessation, Inter Uterine Device implant insertion and removal and NHS

Health checks services. Key staff from Orchard Surgery with the other practices based at Christchurch Medical Centre were supported to work with locality practice on the contract tendering process.

Orchard Surgery had close links with the universities as a teaching practice. Two GPs were approved GP trainers and examiners for the local medical school. There was a regular intake of GP registrars at the practice. Educational meetings were held regularly which any member of staff could attend. These drew learning from practice data, national guidance and research papers which were then discussed and led to projects at the practice. The aim of this was to enhance patient care and treatment.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Effective arrangements were not in place to manage training by identifying any gaps in a timely way. The practice had not picked up that some staff undertaking the role of chaperone had not received training or that a fire safety update and no fire drills had taken place.</p> <p>12(2) Ensure that mandatory training is managed effectively so that patient safety is promoted and any risks that could affect the quality of care are reduced. These must include effective monitoring of fire safety training and drills, Mental Capacity Act 2005 training for all staff, and chaperone training for those staff undertaking this role.</p>