

# Orchard Surgery

## Inspection report

Commercial Road  
Dereham  
NR19 1AE  
Tel: 01362693029  
[www.orchardsurgerydereham.co.uk](http://www.orchardsurgerydereham.co.uk)

Date of inspection visit: 14 June 2022  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

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

# Overall summary

We carried out an announced inspection at Orchard Surgery on 14 June 2022. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive – Requires improvement

Well-led – Inadequate

Following our previous inspection on 29 April 2016, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Orchard Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection including a site visit and was carried out as concerns had been received by CQC.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

# Overall summary

**We have rated this practice as Inadequate overall.**

We found that:

- The practice failed to demonstrate they delivered safe and effective care to all their patients.
- The practice systems and processes in place did not ensure good governance to protect patients and staff from the risk of harm.
- We found there was a lack of leadership and oversight from the provider to ensure services were delivered in a safe and effective way to patients.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

In addition to the breaches of regulations, the provider **should**:

- Reduce the backlog of patient records awaiting full summarising.
- Continue to encourage the uptake of cervical screening.
- Review the system and process to ensure all patients with a learning disability receive an annual review.
- Review and improve the opportunities for patients to access health checks.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

As a result of the findings from our inspection, as to non-compliance, the Commission decided to issue a notice of decision to impose conditions on the provider's CQC registration. For further information see the enforcement section of this report.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included two further CQC inspectors and a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Orchard Surgery

Orchard Surgery is located in Dereham at:

Commercial Road

East Dereham

Norfolk

NR19 1AE

The provider is registered with CQC to deliver the Regulated Activities; treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services and family planning services.

The practice is situated within the Norfolk and Waveney Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 11300. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices which make up the Mid Norfolk Primary Care Network (PCN) .

Information published by Public Health England shows that deprivation within the practice population group is in the sixth highest decile (six of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 99% White, 1% Asian and 1% Mixed. The age distribution of the practice population mirrors the local and national averages.

There is a team of four GP partners who provide cover at the practice. The practice has a team of two nurses who provide nurse led clinics. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and deputy practice manager are based at the practice location to provide managerial oversight.

The practice is open between 8 am to 6 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by the practice with early morning appointments available on Thursdays. Out of hours services are provided by IC24 and accessed by calling the NHS111 service.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider did not have systems or processes in place which operated effectively to assess, monitor and improve the quality and safety of the services provided:
Maternity and midwifery services	The practice failed to demonstrate they had an effective quality improvement programme in place, which would ensure the quality and safety of the services provided.
Surgical procedures	The practice did not have an effective system in place to ensure that they always learnt from significant events and complaints and that these were shared with all staff.
Treatment of disease, disorder or injury	The practice failed to demonstrate that the system and process for the monitoring of emergency medicines to ensure that they were safe to use.
	The practice did not have an effective system to ensure that all staff had received documented and appropriate support, appraisal and assessment to improve the quality and safety of the services provided.
	This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
Maternity and midwifery services	<b>Following the inspection, a Notice of Decision to impose conditions on the provider's registration was issued under Section 28(3) of the Health and Social Care</b>
Treatment of disease, disorder or injury	<b>Act. The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</b>
Surgical procedures	<b>How the regulation was not being met:</b> <ul style="list-style-type: none"><li>• There was not an effective system to ensure patients on high risk medicines were appropriately managed in a timely way.</li><li>• There was not an effective system for acting upon patient and medicine safety alerts.</li><li>• There was not an effective system in place for the identification, coding, recalling or monitoring of patients with diabetes or potential diabetes.</li><li>• There was not a safe system in place for monitoring patients with long term conditions.</li><li>• There was not a system in place for the safe management of medicines.</li><li>• There was not a robust system for managing pathology results to ensure urgent abnormal results were always reviewed and acted upon in a timely way.</li><li>• There was not a safe system in place for managing patient letters. The system used did not ensure that correspondence which required clinical review or actions were seen or acted upon in a timely way.</li><li>• There was not an effective system for the coding of patients' medical records to ensure that patients' records contained accurate information and received appropriate care and treatment.</li></ul>

This section is primarily information for the provider

## Enforcement actions

**This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**