

Orchard End Surgery

Quality Report

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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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

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 at Orchard End Surgery on 15 September 2016. The overall rating for the practice was requires improvement. The practice was rated as requires improvement for providing safe, effective and well-led services and rated as good for providing caring and responsive services. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Orchard End Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 23 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Since our inspection in September 2016 the practice had improved its systems and processes in order to ensure that, risks were assessed and implemented well enough to ensure patients, staff and visitors were kept safe.
- The practice had ensured that staff had received relevant training, annual appraisals and were supported to keep up to date with all relevant mandatory training. For example, safeguarding, information governance and basic life support.

The practice had also taken appropriate action to address areas where they should make improvements:

- The security arrangements for the dispensary had been improved in order to ensure it was accessible to authorised staff only.
- Regular audits of infection prevention and control had been implemented and conducted.

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



- Since our inspection in 2016 risks to patients, staff and visitors had been assessed and the systems and processes to address these risks were implemented well enough to ensure patients were kept safe. For example, risks associated with health and safety including fire safety, electrical safety and the control of legionella.
- Recruitment procedures had been updated to help ensure that all appropriate recruitment checks were undertaken prior to employment of staff.
- Access to the dispensary had been restricted in order to ensure it was accessible to clinical and dispensary staff only.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Since our inspection in 2016 the practice has improved its systems and process for ensuring staff receive appraisals and training appropriate to their role. The practice was able to demonstrate that all relevant staff were trained in basic life support, information governance and to the appropriate level in safeguarding children.
- All staff had received an annual appraisal and a plan for future appraisals had been implemented.

Are services well-led?

The practice is rated as good for providing well-led services.

Good



- Since our inspection in 2016 the practice had improved its governance processes in order to ensure that all policies and procedures to govern activity, such as health and safety and fire safety, were specific to the practice.
- Governance arrangements had been improved and effectively implemented.
- The practice was able to demonstrate that the electrical system was safe to use, that fire safety systems were appropriate and that actions identified by the legionella risk assessment had been carried out.
- The practice was able to demonstrate that only appropriate staff had access to the dispensary.
- All appropriate checks had been carried out prior to employing new staff.

Summary of findings

- Staff had received mandatory training appropriate to their role. For example, safeguarding children, information governance and basic life support.

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 provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GP services were provided to the residents of a local nursing home and the practice carried out regular visits there.

Good



People with long term conditions

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% compared to the Clinical Commissioning Group (CCG) and national average of 88%.
- 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.

Good



Families, children and young people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

- There were systems 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 accident and emergency (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 percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 85% compared to the Clinical Commissioning Group (CCG) average of 84% 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.
- The practice had produced a leaflet to encourage teenagers to feel more at ease in seeing a GP and this was available in the waiting room.

Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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 help ensure these were accessible, flexible and offered continuity of care.
- Late appointments were offered and the practice also offered telephone consultations.
- 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.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients were informed about how to access various support groups and voluntary organisations.
- Staff were trained to the appropriate level in safeguarding adults and children.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 100% compared to the Clinical Commissioning Group (CCG) and national average of 88%.
- 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.
- Patients experiencing poor mental health were told about how to access various support groups and voluntary organisations.
- There was a system 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. For example, they supported the work of a local “memory lane café” for patients living with dementia.

Good



Orchard End Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Orchard End Surgery

Orchard End Surgery is situated in Cranbrook, Kent and has a registered patient population of 3,250.

The practice patient population includes a larger than average proportion of people aged 5-15 and 40-59 and a smaller than average proportion of people aged 20-40. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of two GP partners (one male and one female) who are supported by a practice manager, a practice nurse (female), a phlebotomist/trainee health care assistant (female), two dispensary staff and an administrative team.

Most patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. One of the consulting rooms is located on the first floor. Staff told us they arrange for patients who are unable to use the stairs to be seen in one of the rooms on the ground floor. There is a small car park and on-street parking for patients at the practice.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice is not a training practice.

The practice is open between the hours of 8.30am and 6pm on Monday, Tuesday, Wednesday and Friday, and on

Thursday from 8.30am to 12 midday. An extended hours surgery is available on Tuesday evenings from 6.30pm to 8pm. Between 8am and 8.30am and between 6pm and 6.30pm, services are provided by South East Health Limited. On Thursday between 12 midday and 6pm, services are provided by a neighbouring practice, The Crane Surgery. The practice's telephones are closed between 1pm and 3pm daily. During this time, patients can call the duty doctor at the practice.

There is a range of clinics for all age groups. There are arrangements with other providers (South East Health Limited) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Orchard End Surgery, Dorothy Avenue, Cranbrook, Kent, TN17 3AY.

Why we carried out this inspection

We undertook a comprehensive inspection of Orchard End Surgery on 15 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall (rated as requires improvement for providing safe, effective and well-led service and good for providing caring and responsive services). The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Orchard End Surgery on 23 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

comprehensive inspection had been addressed. During our visit we spoke with the practice manager and a GP partner and reviewed information, documents and records kept at the practice.

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

Are services safe?

Our findings

At our previous inspection on 15 September 2016, we rated the practice as requires improvement for providing safe services.

- Risks to patients, staff and visitors were not always assessed and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, risks associated with health and safety including fire safety, electrical safety and the control of legionella.
- Access to the dispensary was not restricted to clinical and pharmacy staff only.
- Appropriate recruitment checks on staff had not always been undertaken prior to their employment.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- The practice had improved its systems and processes in order to ensure that, risks were assessed and implemented well enough to ensure patients, staff and visitors were kept safe. We saw records that demonstrated that risks associated with health and safety had been reviewed. We saw evidence that fire safety had been improved, with routine fire drills and alarm testing having been implemented. Additionally, all staff had received fire safety awareness training and the fire risk assessment had been updated to reflect that

new fire alarm equipment and signage had been obtained by the practice. Records also showed that the practice had a current electrical safety certificate. The control of legionella had also been improved, in order to ensure that routine checks and flushing of the water system were undertaken. Following a legionella risk assessment, the practice had implemented an action. We saw this had been responded to and completed.

- We looked at six staff files and found that the practice manager had established a recruitment check list in order to ensure that appropriate checks would be undertaken prior to employment. The list included; proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Services (DBS). A process had also been implemented in order to routinely monitor the registration of clinical staff with their professional bodies. Documentation had also been obtained for staff who had worked there for a number of years.

Monitoring risks to patients

- Access to the dispensary had been restricted, with codes for the keypad lock having been changed in order to ensure it was accessible to clinical and pharmacy staff only.
- The practice had ensured that staff had received mandatory training in safeguarding adults and children, as well as basic life support. Records and staff files reviewed confirmed this.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 September 2016, we rated the practice as requires improvement for providing effective services.

- The practice was unable to demonstrate that all relevant staff were trained in basic life support or to the appropriate level in safeguarding children.
- The practice was unable to produce evidence of annual appraisals for all staff.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing effective services.

Effective staffing

The practice had ensured that staff had received annual appraisals and updates in relevant training. For example, safeguarding children, information governance and basic life support. Records and staff files reviewed confirmed this.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 15 September 2016, we rated the practice as requires improvement for providing effective services.

- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, some policies, such as health and safety and fire safety, were not specific to the practice.
- Governance arrangements were not always effectively implemented.
- The practice was unable to demonstrate that the electrical system was safe to use, that fire safety systems were robust or that actions identified by the legionella risk assessment had been carried out.
- The practice was unable to demonstrate that only appropriate staff had access to the dispensary.
- The practice was unable to demonstrate that all appropriate checks had been carried out prior to employing staff and that staff had all received mandatory training such as in safeguarding and basic life support.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- Practice policies had been reviewed and amended to ensure these were specific to the practice. For example, the health and safety and fire safety policies.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice was able to demonstrate that all risks were now appropriately assessed and well managed. For example, electrical safety, fire safety, legionella and access to the dispensary.
- The practice was able to demonstrate that all appropriate checks had been carried out prior to employing staff and that staff had all received mandatory training such as in safeguarding, information governance and basic life support. Records viewed confirmed this.