

The Orchard Medical Centre

Quality Report

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Date of inspection visit: 10 May 2016

Date of publication: 05/07/2016

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

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Overall summary

Letter from the Chief Inspector of General Practice

We had previously inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward.

The outcome from inspection Aug 2014 was that the provider should:

- Identify a lead for infection prevention and control.
- Review their appointment process to improve patient's access to appointments with GPs.
- Review their systems to ensure timely referral to other services.
- Introduce a patient participation group (PPG) to seek feedback from patients about the way the practice runs.

We carried out an announced comprehensive inspection at The Orchard Medical Centre 10 May 2016. Overall the practice is rated as good, however, we found some areas of concern within the safe domain which is rated as requires improvement.

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

- Risks to patients were assessed and well managed.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.

Summary of findings

- 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.
- The practice was proactive in assessing patient access to the service and sourcing innovative solutions such as the employment of a practice pharmacist.
- Some patients said they were able to make an appointment with a named GP; there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure with robust underpinning systems which supported the day to day activity of the practice.
- Staff felt supported by management and there was a positive learning culture for staff development.
- The practice proactively sought feedback from staff and patients through the patient participation group and patient surveys, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The practice must ensure procedures are fully embedded by checking their implementation, specifically in relation to the system for ensuring the safe storage of medicines which required refrigeration, prescription management, the process of audit of infection control measures and emergency equipment checking records.

The areas where the provider should make improvement are:

- All practice staff should follow best practice guidance for updating training for the insertion of intrauterine devices.
- The practice should ensure that clinical results are reviewed in a timely way following receipt by the practice.

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.
- We found the practice had reviewed and put into place policies and procedures however they did not have sufficient governance oversight to ensure they had been fully implemented. For example, the system for ensuring the safe storage of medicines which required refrigeration, prescription management and the process of audit of infection control measures were not completely implemented by the staff team.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

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



Summary of findings

- 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.
- 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 South Gloucestershire Clinical Commissioning Group to secure improvements to services where these were identified. The practice were part of a joint working dementia care project with other practice and healthcare providers.
- The practice was part of the self-referral to physiotherapy service co-ordinated by the One Care Consortium.
- Some patients said they found it easy to make an appointment with a named GP there were urgent appointments available the same day. Access was constantly monitored by the practice and changes made to meet patient demand.
- 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. The practice had been successful in significantly reducing the number of complaints made to them.

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 felt supported by management. 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. This included arrangements to monitor and improve quality and identify risk. However, we found there was a lack of oversight of how systems were implemented such as those for auditing areas of practice.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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.

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.

- 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.
- The practice undertook the Care Home Enhanced Service and made weekly visits to three care homes by a designated GP.
- The practice undertook the Admissions Avoidance Enhanced service which identified those patients most at risk and ensured they had a care plan in place to support them to remain out of hospital.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- Longer appointments and home visits were available when needed.
- The practice undertook the Admissions Avoidance Enhanced service which identified those patients most at risk and ensured they had a care plan in place to support them to remain out of hospital.
- The practice had appointed a pharmacist to undertake long term condition medicines reviews and to follow up patients' post-hospital discharge.

Good



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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw joint working with midwives, health visitors who were co-located at the practice.
- The practice provided sexual health support and advice under the 'No Worries' scheme.

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.
- 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.
- Same day appointments were available and the practice opened on Saturday morning for routine appointments.
- The practice had specialist nurses trained in minor illness management.
- The practice provided a minor injury service.

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 practice held a register of patients living in vulnerable circumstances including homeless people 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.

Good



Summary of findings

- 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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice were part of a joint working dementia care project with other practice and healthcare providers.
- 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. 295 survey forms were distributed and 111 were returned. This represented 0.8% of the practice's patient list.

We spoke with seven patients during the inspection. We received mixed feedback from patients where some patients expressed they had difficulty accessing the service. These comments reflected the practice's own survey results.

- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group average of 86% and the national average of 85%.
- 70% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group average of 87% and the national average of 85%.
- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group average of 81% the national average of 79%.

The results from the friends and family test for April 2016 showed 19 respondents (66%) were likely to recommend the practice and five (17%) respondents were unlikely, with five respondents recorded a neutral response.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which provided mixed feedback about the practice; the negative feedback was centred on telephone access and appointment availability. Positive comments highlighted that the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The results from the friends and family test for April 2016 showed 19 respondents (66%) were likely to recommend the practice and five (17%) respondents were unlikely, with five respondents recorded a neutral response.

At our last inspection the practice did not have a Patient Participation Group (PPG). Since that inspection the practice had organised a PPG which from the original group of six the number of members has fluctuated and the practice was actively recruiting more members. There was a monthly on site meeting; feedback from the PPG had resulted in the following improvements to the practice.

- Installation of appointment cancellation telephone line.
- A voice activated calling system installed to call patients to their consultation.
- Assistance given by a PPG member to patients on how to use the electronic booking in system.

Areas for improvement

Action the service **MUST** take to improve

The practice must ensure procedures are fully embedded by checking their implementation, specifically in relation to the system for ensuring the safe storage of medicines which required refrigeration, prescription management, the process of audit of infection control measures and emergency equipment checking records.

Action the service **SHOULD** take to improve

- All practice staff should follow best practice guidance for updating training for the insertion of intrauterine devices.
- The practice should ensure that clinical results are reviewed in a timely way following receipt by the practice.

The Orchard Medical Centre

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 nurse adviser, and an Expert by Experience.

Background to The Orchard Medical Centre

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

The practice operates from one location:

MacDonald Walk,

Kingswood,

South Gloucestershire

BS15 8NJ

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

The practice has a six GP partnership registered with the CQC (3 male and 3 female), three associate GPs, one salaried GP, a practice manager, four practice nurses including a nurse prescriber, three treatment room nurses,

three health care assistants, and a health care practitioner. The clinical staff provided 52 sessions each week. Each GP has a lead role for the practice and nursing staff have specialist interests such as diabetes and infection control.

The practice is open Monday to Friday 8am-6.30pm and Saturday 8am – 1pm.

The practice had a Personal Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provided enhanced services which included facilitating timely diagnosis for patients with dementia and childhood immunisations.

The practice is a teaching practice with two GP trainers and takes medical students from the Severn deanery.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 or BrisDoc provide the out of hours GP service.

Patient Age Distribution

0-4 years old: 6.2%

5-14 years old: 11.5%

15-44 years old: 40%

45-64 years old: 24.3%

65-74 years old: 9.3%

75-84 years old: 6.5%

85+ years old: 2.3%

Patient Gender Distribution

Male patients: 50 %

Female patients: 50 %

Other Population Demographics

% of Patients from BME populations: 9.1 %

Detailed findings

We inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward.

The outcome from inspection Aug 2014 was that the provider should:

- Identify a lead for infection prevention and control.
- Review their appointment process to improve patient's access to appointments with GPs.
- Review their systems to ensure timely referral to other services.
- Introduce a patient participation group (PPG) to seek feedback from patients about the way the practice runs.

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 10 May 2016. During our visit we:

- Spoke with a range of staff including GPs, reception and administrative staff, nursing staff and the practice manager and spoke with patients who used the service.

- We also spoke with associated healthcare staff based at the practice.
- 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 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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 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.

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, an issue was raised related to consultation in which the diagnosis of fracture was not diagnosed. This resulted in self-directed learning by a GP who then cascaded learning to the clinical team to raise awareness of potential risks and the resources available to mitigate the risk.

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 and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. All staff had received awareness training for domestic abuse as part of the South Gloucestershire Clinical Commissioning Group (CCG) initiative and the practice had a nominated GP lead for domestic abuse. They had a system of alerts on the medical records for patients at risk of, or with a history of, domestic violence and for those families who are a cause for concern due to safeguarding children concerns. This meant that staff were aware this was an additional consideration when these patients contacted the practice.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward. The outcome from inspection was that the provider should identify a lead for infection prevention and control. On this visit we found one of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw there was a rolling programme of infection control audits across the building which took place over a year; we reviewed the most recent audit (April 2016) for the sluice area and a consultation room. We noted that the audit had identified areas for improvement and there were actions identified which were taken to address them. However, the auditor had not recorded the outcome of actions fully on the audit tool this meant the tool was an incomplete record of the audit which indicated a lack of oversight of clinical governance.
- 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).

Are services safe?

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 (including instalment prescriptions) were securely stored and there were systems in place to monitor their use. We checked the system and found that the recorded serial numbers for prescription pads did not tally with what was stored in the cupboard as those staff using the pads had not followed due process. This meant that although usage could be tracked through patient records, the practice did not have a complete audit trail if a security breach occurred. This was an area of improvement raised with the practice manager for action.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff 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 Practitioners were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We found the cold chain policy was understood by reception staff and nurses; stocks of vaccines were routinely checked and rotated. There were spaces on the record when the fridge temperatures had not been recorded. It was noted that the temperatures routinely remained within the acceptable range. This was an area of improvement raised with the practice manager for action.
- We reviewed five 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. The files did not contain photographic identification although all staff working at the practice had an NHS identity card (Smart card).

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 up to date fire risk assessments, they had nominated fire wardens and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly including the equipment which may be taken on home visits. 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).
- 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.
- The practice used regular locum GPs for whom they undertook appropriate checks to ensure they were suitable to be employed, for example, checking the GMC register and the NHS England performer's list. We also reviewed the documentation provided for agency nurses and found that satisfactory checks were undertaken to ensure they had the skills for the work they were employed to complete. We noted that locum and agency staff had to complete the basic induction to the practice and that there were suitable clinical supervision arrangements in place to ensure their work was monitored and the patients received a high standard of care.

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 as well as a 'alarm' facility on the telephone system.
- All staff received annual basic life support training and there was emergency equipment available in the reception. We checked the emergency equipment and

Are services safe?

saw it met the required specifications. We found the records for checking the equipment had inconsistencies with being completed as planned however there were no instances where the equipment was not available or inoperative. We raised this with the practice manager who told us the system of allocation of responsibility via the rota had been reviewed and was in process of being changed to be delegated to specific staff members.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 provided GPs with emergency, medicines 'grab bags' to take out on home visits. We found these were meticulously recorded and checked for when medicines had been used or were due to expire. The GPs retained responsibility for checking their own personal bags to ensure equipment and medicines were suitable to be used.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

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.
- The practice monitored that these guidelines were implemented through peer sampling of patient records and through the root cause analysis of significant events and complaints.

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 95.8% (2014-15) of the total number of points available. We saw there were some areas of performance where exception reporting was higher than the clinical commissioning group (CCG) or national averages. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 (taken from the HSCIC site) showed:

- Performance for diabetes related indicators was similar to the CCG and the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 80.3% compared to the CCG average of 77% and the national average of 77.5%.
- Performance for mental health related indicators was similar to the national average. The percentage of

patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 76.1% compared to the CCG average of 85.5% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We were provided with evidence of seven clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of use of a NICE guidance template for diagnosis of febrile children showed a steady increase through the auditing period of use of the template to record observations and treatment decisions. An audit of end of life care identified good practice such as the number of hospital admissions per patient (in the last year of life) being lower than average and areas for development such as increasing prescribing of anticipatory End of Life medicines.

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, all new staff had an assigned mentor who completed competency observations before they were allowed to work independently. For those who staff undertook minor injuries clinics there was training and ongoing monitoring to support them in their role.
- We found that one GP who fitted intrauterine devices had not followed Faculty of Sexual and Reproductive Healthcare (FSHR) best practice guidance for updating training. This was raised with the practice and we were told that local medical council (LMC) guidance indicated that this was unnecessary however the practice should take into regard the recommendation from the Care Quality Commission that training should be updated according to FSHR best practice guidance.

Are services effective?

(for example, treatment is effective)

- 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. There was a positive learning culture at the practice as staff were supported with professional development, by both allowing time for learning and paying training costs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services, or sharing information with the out of hours services.
- We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.

- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. The GPs worked in two teams and provided buddy support to review results to minimise any risks to patients and ensure any necessary actions were taken.

Staff worked together and with other health and social care services 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. We saw evidence multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated. We spoke with several health care professionals from community teams, all of whom spoke highly of the practice. Specifically there was good communication between the practice and them, opinions and suggestions were valued and requests for referral or changes to treatment were acted on.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out and recorded 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 for the patient's treatment.

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, and alcohol cessation. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from a staff member; the practice worked with South Gloucestershire Council on anti-smoking campaigns and had written directly to known smokers offering advice.

Information from the National Cancer Intelligence Network (NCIN) indicated the practice's uptake for the cervical screening programme was 76%, which was comparable than the national average of 74%. 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 for those with a learning disability, and 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.

Childhood immunisation rates for the vaccinations given were similar to the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 99% compared to the CCG average from 84% to 99% and five year olds from 94% to 99% compared to the CCG average from 92.6% to 98.7%..

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. In 2015, 800 patients from the 3462 who were eligible took up the offer of a health check. 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 noted 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 prioritised continuity of care for patients with named GPs and encouraging patients to book with their GP. 20-25% of patients saw their named GP with ongoing activity by the practice to increase this percentage

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which provided mixed feedback about the practice; the negative feedback was centred on telephone access and appointment availability. Positive comments highlighted that the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey dated January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% 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 94% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and compared to the CCG average of 92% and the national average of 91%.

Although:

- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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.

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 national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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.

Are services caring?

- The practice had a loop system available and was able to be flexible with how they provided information, for example, they had an agreement with a patient with communication impairment to provide written information.
- For patients with a learning disability the practice had access to pictorial information to aid understanding.
- The reception area had a lower counter for wheelchair users and a screened off area for confidentiality.
- All patients who had been discharged from hospital with a 'Do Not Attempt Resuscitation' (DNAR) statement in place had these reviewed to ensure they remain valid once patient had recovered from the acute phase of illness which had caused their admission.

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.

Patients were sent appointment reminders and could access a dedicated telephone line to cancel unnecessary appointments.

The practice had a support system for carers as a GP link volunteer worker from the local carers centre attended the practice on a weekly basis. This allowed for identification of carers, including younger carers, to be offered a carers' assessment which could take place at the practice or at the patient's home. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 379 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Carers could also be referred for an assessment to identify any additional support needs. The practice provided additional support to carers in the following ways:

- Patient records were notated to indicate they were carers.
- Carers were routinely offered flu vaccines.
- Appointments were flexible to meet the needs of carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 South Gloucestershire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a weekend clinic for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. They had an arrangement with a community healthcare provider for visits to be undertaken by emergency care practitioners.
- 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 through the NHS.
- There were accessible facilities and designated parking bays for blue badge holders.
- The practice had a passenger lift for access to the first floor and electronic access doors.
- The practice were part of a joint working dementia care project with other practices and healthcare providers.
- The practice had specialist nurses trained in minor illness management.
- The practice provided a minor injury service and offered a 'drop in' service.
- The practice undertook the Care Home Enhanced Service and made weekly visits to three care homes by one designated GP.
- The practice undertook the Admissions Avoidance Enhanced service which identified those patients most at risk and ensured they had a care plan in place to support them to remain out of hospital.
- The practice had appointed a pharmacist to undertake long term condition medicines reviews and to follow up patients' post-hospital discharge.

- The practice provided sexual health support and advice under the 'No Worries' scheme.

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.

Access to the service

The practice is open Monday to Friday 8am-6.30pm.

Extended hours appointments were offered at the following times on 8am – 1pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 75%.
- 34% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

Patients told us on the day of the inspection that they experienced some difficulty to get appointments when they needed them. We looked at the availability of appointment for the following day (a Wednesday) and noted that there were 37 on the day appointments with a GP and specialist nurse appointment for those with minor illnesses of minor injuries.

When we inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward we said that the provider should review their appointment process to improve patient's access to appointments with GPs. On this visit we found the practice was aware this was an area of difficult experienced by patients; we saw this was kept under constant review by the practice management team. They had introduced new

Are services responsive to people's needs?

(for example, to feedback?)

systems such as the 'white slip appointment' which meant that a clinician gave a patient a white slip to take to reception to priority book a routine appointment. We saw that in April for example, the practice had 176 'squeezed appointments' which were additional appointment to those scheduled. The practice also had a 6% 'did not attend' rate which accounted for 379 lost appointments in April. We were told they were reconfiguring their team to include additional clinicians such as a pharmacist and nurse prescribers who would increase appointment availability for patients. The practice were committed to a review of the appointment system used when the new team members were in post.

Listening and learning from concerns and complaints

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

- Its complaint 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 complaint system on the website and a practice leaflet.

We looked at a selection of the complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution. All complaints were classified and analysed for trends.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team and appropriate action taken. For example, the practice had lost a letter delivered by hand to the reception. This led to staff training about how to handle patient expectations and the introduction of a new process whereby anything received into reception was immediately recorded on the patient record.

We found the number of formal complaints received had significantly reduced from 53 in 2014, to 32 in 2015; whilst the number of compliments significantly increased from 37 in 2014, to 64 in 2015. The practice attributed this to the impact of the change from seven day opening to Monday to Friday, and Saturday morning opening which occurred in 2014, and the promotion of the seeing of named doctor to improve continuity of care.

Are services well-led?

Good 

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

Our findings

Vision and Strategy

The practice had a clear vision to deliver high quality care and promote the best possible outcomes for their patients.

“We at TOMC (The Orchard Medical Centre) welcome you. Each of us will listen to you and work with you to improve your health and wellbeing. We are proud to deliver high quality care with respect and courtesy.”

The vision and mission for the practice was shared with patients in the waiting area.

- Staff knew and understood the values which focussed on providing the best possible patient care. Staff were engaged with the practice vision and were aware of the importance of their roles in delivering it.
- The practice held annual strategy sessions and developed business plans as a result of these which reflected the vision and values. The practice manager led on the monitoring of the business through a model of management and leadership intended to monitor activity and promote quality.
- Objectives set by the practice were realistic whilst remaining challenging. For example, the practice ensured they were planning for the future with innovative use of clinical staff other than GPs to deliver clinical care.
- The practice also demonstrated plans to increase collaborative working with other practices in the area and with the South Gloucestershire Clinical Commissioning Group to ensure services met the needs of their population. For example, the practice were part of a joint working dementia care project with other practice and healthcare providers.

Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had an overarching governance framework which supported service delivery and good quality care. Arrangements in place included:

- A clear staffing structure in which staff were aware of their own roles and responsibilities. Staff had clearly

delegated roles which they took ownership of, for example significant events, governance, complaints, and unplanned admissions. Each role had a nominated clinical and administrative support lead.

- Practice specific policies were implemented and were available to all staff as hard copies or via the practice's computer system. Policies and procedures were relevant and regularly updated. Clinical staff had lead roles in the management of patients with long term conditions and undertook regular reviews of the data to ensure the practice stayed on track with their performance.
- Various clinical and administrative meetings took place to ensure information affecting patients and the running of the service was discussed and important information disseminated.
- The practice was well organised and made effective use of electronic systems to ensure information was well documented for future reference and follow up.
- The practice was proactive in identifying where improvements could be made and risks were well managed. When we inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward we said the provider should review their systems to ensure timely referral to other services. On this visit we found secondary care referrals had been an issue around December 2015 due to staffing levels but this now had been addressed using workflow assessments.
- A comprehensive understanding of the performance of the practice was maintained. The practice was well engaged with the local clinical commissioning group (CCG) and worked with them to drive improvements in performance. Additionally the practice worked with other practices in the local area to review where improvements could be made.
- A programme of continuous audit was used to monitor quality and to make improvements. Topics of audits were relevant to the care being provided by the practice and were used to drive improvement for the practice patients and the wider population. For example, auditing the time patients were waiting for their consultation and adjusting the workflow to accommodate this and prevent delays.

Are services well-led?

Good 

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

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice must ensure procedures are fully embedded by checking their implementation, specifically in relation to the system for ensuring the safe storage of medicines which required refrigeration, prescription management, the process of audit of infection control measures and emergency equipment checking records.

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. GPs had special interests and additional qualifications in a range of areas. For example, one GP had a special interest in substance misuse. The partners and the practice management told us they prioritised safe, high quality and compassionate care. Staff across the practice were encouraged and motivated to work together to prioritise safe, high quality and compassionate care. The partners and management were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- Patients affected were provided with support and explanations and offered verbal or written apologies.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt well supported by management.
- Staff told us the practice held regular team meetings. Meetings were held for different staffing groups including clinical meetings and reception meetings. Additionally, practice staff attended other group meetings to ensuring learning was shared across the team and facilitated improvement across all staffing groups.

- 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. The practice had held team away days and arranged and funded trips and meals for staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff highlighted the team approach to working within the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they would not hesitate to share ideas for improvements with the management or the GPs within the practice.
- The partners and practice management encouraged staff engagement and promoted an ethos of team working within the practice. In addition to formal meetings and weekly clinical meetings, the practice held daily 'coffee break' meetings to discuss referrals or other matters arising.
- GPs worked in two teams to promote 'buddy' working and continuity of care to patients. We saw there was a three working day standard for reviewing test results which should be monitored to ensure that there are no instances when this would be carried over a weekend and possibly have adverse consequences for the patient if the result is delayed.
- GP registrars had additional daily debrief sessions where their cases and referrals were discussed.
- Staff told us they had a high level of satisfaction in their roles and enjoyed working in the practice. The practice had recruited previous registrars to become associate GPs and associates had become GP partners.
- The practice had an internal newsletter to update staff of any news or changes.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice also received feedback from direct patients' surveys.
- At our last inspection the practice did not have a PPG but now had established a small group who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, installation of appointment cancellation telephone line, a voice activated calling system installed to call patients to their consultation and assistance given by a PPG member to patients on how to use the electronic booking in system.
- The practice had gathered feedback from staff through regular meetings, staff away days, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run; they felt they were kept informed about the plans for the future of the practice and that their opinions were invited.

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. For example, the practice has been involved in a local pilot scheme which offered first line physiotherapy. This pilot service aimed to reduce the amount of time that patients wait for help with musculoskeletal (MSK) conditions, problems that affect the muscles, bones, and joints. It also aimed to provide services close to patients' homes and to reduce the time that GPs spend assessing MSK-related conditions. Patients had the option of an initial assessment with a physiotherapist when they contacted their GP practice to book an appointment about a musculoskeletal problem.

There was a positive learning culture at the practice as staff were supported with professional development, by both allowing time for learning and paying training costs. For example, the practice nurse were supported to undertake their medicine prescribing course which supported staff development and enhanced services available to patients.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure procedures were fully embedded by checking their implementation, specifically in relation to the system for ensuring the safe storage of medicines which required refrigeration, prescription management, the process of audit of infection control measures and emergency equipment checking records.</p> <p>This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>