

# Care Quality Commission

## Inspection Evidence Table

### Orient Practice

Inspection date: 13 August 2019

**Overall rating: Good**

### Safe

**Rating: Good**

#### Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
The practice had carried out an audit and increased the number of vulnerable adults registered with the practice from seven to 71 and completed reviews of these patients and invited them in for an appointment where necessary.	
Training was managed using a central system, which was colour coded to highlight when training was due to expire, we saw that all mandatory training had been completed by staff members.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>The provider had not recruited any new staff members since taking over the practice but had correctly followed the Tupe (transfer of undertakings protection employment) processes. Personnel files were managed and kept centrally.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 3 December 2018	Yes
There was a record of equipment calibration Date of last calibration: 3 December 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion 7 June 2019	Yes
Actions were identified and completed.	Yes
Additional observations: We saw that fire alarm checks were carried out every Tuesday. There were two fire marshals that were trained for the role.	

<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 12 February 2019	Yes
Health and safety risk assessment and actions Date of last assessment: 7 June 2019	Yes
Additional comments:  We saw that the actions identified as a result of the health and safety risk assessment such as putting notices on doors had been completed.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 29 January 2019 The provider acted on any issues identified  Detail:  There were three actions that came out of the infection control audit, which included monitoring the water temperatures for legionella, replacing the floor in the reception area which had been stained. We saw that these had been actioned. The report mentioned cracked skirting boards, the practice reviewed the building and were unable to find such cracks.  The practice also carried out an internal audit in July 2019 this noted the national shortage of the hepatitis B vaccination to immunise staff, so risk assessments were carried out and those at highest risk got priority.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Partial
Explanation of any 'No' answers:  The waste was disposed in an appropriate area but the bags were not appropriately tagged, but this was corrected by the end of inspection.	

## Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
The practice followed a rota system and carried out capacity planning which took into account the minimal number of staff required on each day to ensure the practice ran efficiently. This included having a male and female GP working each day and changing from a nurse led triage system to GP led triage system.	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

## Safe and appropriate use of medicines

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
<p>The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).</p> <p>There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.</p> <p>If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.</p>	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
<p>There was medical oxygen on site</p> <p>The practice had a defibrillator</p> <p>Both were checked regularly and this was recorded.</p>	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
The practice had completed audits looking at the monitoring and management on all patients on high risk medicines.	

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 6 months.	5
Number of events that required action	5

## Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
The wrong data was entered on a patient referral	The patient received an apology, the hospital was contacted with the correct information and GPs were reminded to double check all information before referrals were finalised.
A patient was seen for a routine consultation where the GP then suspected an infectious disease	All staff were reminded of isolation procedures, and the symptoms that should be highlighted to the GP.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The provider received the alerts and this was forwarded to the practice manager who emails to all clinical staff members. Searches were run on the clinical system to identify any patients, we saw an example of an alert relating to faulty epi-pens, 13 patients were found and each were issued with a spare epi-pen as suggested by the alert. This was discussed at the next clinical meeting so that all clinicians were aware of the new prescribing procedures until the issues with the device is corrected.</p>	

Any additional evidence
<p>Significant events were recorded internally and centrally where learning was shared with all the providers practices. We saw minutes of meetings where significant events were discussed and actions agreed. The practice also had a six-monthly review of all significant events to ensure that any learning had been embedded.</p>

# Effective

Rating: Good

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
Any further comments or notable training: All staff members received an appraisal where learning and developmental needs were identified.	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QoF)	Yes

## Helping patients to live healthier lives

Description of how the practice monitors that consent is sought appropriately
The practice had consent forms which were scanned onto the clinical system and clinical templates were used to record consent. The providers' clinical governance team carried out regular notes reviews where consent processes were reviewed.

# Caring

Rating: Good

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	19
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	1

### Examples of feedback received:

Source	Feedback
CQC Comment cards	There was a theme of friendly attentive and caring staff members, however, two comment cards noted difficulty in getting an appointment and one mentioned rude staff members.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
The practice reviewed the results of the friends and family survey to see how patient satisfaction had improved over the last six months and negative responses had decreased from 22% to 7%.



## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	The patients we spoke with said they were satisfied with the services that they had received.

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	N/A

Carers	Narrative
Percentage and number of carers identified	The practice had 56 Carers which was below the 1% target, however the practice had a very young mobile population with only 1% of patients being over the age of 65.
How the practice supports carers	The practice had a carers policy, which detailed all the information and support that was available to carers. We were told that they would be offered the flu vaccination, there were posters in the reception area with information for carers and they were referred to service where required and given priority appointments.
How the practice supports recently bereaved patients	The practice had a bereavement policy, poster and an internally designed information leaflet that was given to patients and detailed information such as how to register different types of death and where to find information and support on how to plan a funeral.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice had a screen at the reception desk which protected staff members and ensured patient conversations were not overheard.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
Examples of specific feedback received:	

Source	Feedback
Patient	Patients we spoke with stated that there was never a time where they felt that confidentiality or privacy had been breached.

# Responsive

Rating: Good

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Saturday	9am to 1pm

Appointments available	
Monday	8am to 5:20pm
Tuesday	8am to 5:50pm
Wednesday	8am to 1:25pm and 2pm to 6pm
Thursday	8am to 12:20 and 1:30pm to 5:40pm (afternoon appointments are for the special allocations scheme)
Friday	8am to 1:30pm and 2:30pm to 5:50pm
Saturday	9am to 12:20pm

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Patients who requested a home visit were given a telephone consultation with the duty doctor who would call and assess the clinical necessity for the home visit. The duty doctor was allocated time each day for home visits.	

## Timely access to the service

Examples of feedback received from patients:

Source	Feedback
NHS Choices	There had been four comments left on this website, three of which were totally positive and praised staff attitude, one was negative with the patient not feeling listened too.

## Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i> )	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last 6 months.	7
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

### Additional comments:

The practice carried out a six-monthly review of complaints to ensure that all learning had been embedded.  
All complaints and their responses were reviewed centrally as well as internally so that learning could be shared across all the providers' practices.

### Any additional evidence

We viewed three complaints to ensure they were appropriately handled, we saw a complaint from a patient that was not happy that they did not get antibiotics in their appointment, we saw that they received a full explanation as to the clinical reasons for not prescribing antibiotics. We also viewed a complaint from a patient who was booked as the wrong patient for their appointment even though there was an alert on the clinical system stating that there was a patient with a similar name. We saw minutes of meetings where this was discussed, and staff reminded them not to ignore patient alerts.

# Well-led

Rating: Good

## Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
There was a practice manager who was supported onsite by the deputy practice manager. These managers were supported by the provider management team, which included attended the practice at least once a week. The provider GP partners attended the practice twice a week to support the clinical team and also carried out two days of week remotely including carrying out audits and notes review. These GPs were always on call and available to the practice.

## Vision and strategy

Practice Vision and values
The provider had a vision and strategy, which had altered due to the practice being dispersed in January 2020. The practice had the vision to address all concerns that had been identified prior to them receiving the practice contract and ensure ongoing safe clinical care whilst supporting and developing the practice staff.

## Culture

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff described a happy working environment where there was structure and they felt supported.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	The practice changed the nurse triage system to a GP triage system and as a result the number of booked triage appointments dramatically increased.
Staff	The structure of practice meetings changed and staff felt empowered as they were able to lead the meetings and have input into agenda items.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff noted concerns to the provider about the lack of training and support as a result more training was provided including a transformation apprentice and more support was provided by the provided in-house.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	All non-clinical staff members had received an appraisal where their personal needs were discussed. All clinical staff had also received an internal appraisal as well as their external appraisal.
Staff	During the special allocation scheme system, staff members had a special alarm that goes directly to the on site security guard who was stationed outside the Special Allocation Scheme consultation room to alert him to any distress that was

	occurring in the reception area.
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### Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Training matrix	We saw that all staff had carried out equality and diversity training.
Staff	Due to the impending practice closure, the provider had frozen all their job vacancies to allow at risk staff members to apply for them.

### Examples of actions to improve quality in past 6 months

Area	Impact
Notes summarising	There were 490 patient records that had not been summarised, the provider completed the summarising of all these records and highlighted to the lead GP any clinical concerns which included 67 patients requiring a medication review, and a number of patients who required a check of their long-term condition or being added to a vulnerable patient register
Special allocation scheme	There were 26 patients on this register, four of whom were discharged following a review.
At risk patients	The practice reviewed the list of high-risk patients that was provided to them and completed any required actions.
Safeguarding	The practice now has extensive safeguarding registers and increased the number of vulnerable adults from seven to 71 all these patient records were reviewed and patients were invited for an appointment where required.
Two-week wait referrals	The practice now has a failsafe for these referrals, which is monitored weekly. The provider had also reviewed 124 referrals that dated back to before they were providing services and found that two patients did not receive an appointment.
Pathology results	The provider reviewed 6000 blood results dating back to April 2018 and found only one required further action, this patient was contacted and the appropriate clinical action was taken.
QOF	When the provider commenced services in February 2019 the practice had achieved 425 QOF points, the provider commenced extra clinical sessions where patients long-term conditions could be reviewed and within four weeks, this had increased to 458 QOF points.

### Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	The practice had forms which all staff were aware of and felt comfortable completing, these were reviewed internally and externally by the practice management team and the provider and learning was shared with all relevant staff members including the other providers' practices. The practice

	also carried out six monthly reviews to ensure that all learning had been embedded.
Practice specific policies	The practice had a suite of policies which were accessible to all staff members on the computer system.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

### Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

### Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	The practice completed a fire risk assessment and a fire drill was completed 14 March 2019, there were no actions as a result of this.

### Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes

### Engagement with patients, the public, staff and external partners

#### Examples of methods of engagement

	Method	Impact
Patients	PPG	Patients were kept up to date with changes being made to the practice
Staff	Meetings	Staff were involved with changes made to the practice and were kept up to date with the status of the practice closure.
External partners	Meetings and reports	The practice worked closely with the CCG and NHS England, they provided updates on progress with targets and achievements.

### Feedback from Patient Participation Group;

Feedback
There was a patient engagement event where patients were invited but only one patient attended, there had been attempts to schedule meetings, but patients did not agree to a date due to being on holiday. The practice did manage to talk to patients over the phone where the practice was able to address concerns with appointment available by improving the number of appointments and the types of

appointments that were available.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
e-consultations	The provider implemented e-consultations at the practice which has been promoted by the reception staff members and showed an increase month on month in patients accessing this service.
Patient registration	The new practice registration process included a lot more data collection information such as donor information, alcohol consumption details, carer details, family history and the PHQ9 depression questionnaire, as a result five patients who suffered from depression were identified and treatment offered.

### Examples of improvements demonstrated as a result of clinical audits in past six months

Audit area	Impact
Oral nutritional supplements	The practice identified eight patients who were being prescribed these supplements, six of whom were being prescribed according to NICE guidelines and two appeared to have over misuse, which potentially reflected neglect. These two patients were reviewed and the appropriate action was taken. The practice had planned to repeat this audit in six months.