

The Manor Street Surgery

Inspection report

Manor Street Surgery
Manor Street
Berkhamsted
HP4 2DL
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Overall summary

The service is rated as Inadequate overall.

We carried out an announced comprehensive inspection at The Manor Street Surgery on 7 August 2019. The overall rating for the practice was good, however it was rated as requires improvement for providing safe services and a requirement notice was issued. The December 2020 inspection was triggered through our ongoing monitoring of risk.

The full comprehensive report on the August 2019 inspection can be found by selecting the 'all reports' link for The Manor Street Surgery on our website at www.cqc.org.uk.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted staff interviews on 8 December to 10 December 2020 and carried out a site visit on 10 December 2020.

Our judgement of the quality of care at this service is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information from the provider, patients, the public and other organisations.

The practice is rated as Inadequate overall.

(previously rated as good in August 2019)

We rated the practice as inadequate for providing safe services because:

- Clinical records we looked at showed that high-risk medicines were not appropriately managed, and we saw evidence that patients had not received the appropriate blood testing prior to prescribing. Following the inspection, the practice told us that they had employed a member of staff to redesign the system to call patients for blood monitoring appointments.
- Clinical records we looked at showed that patients diagnosed with asthma with high use of short-acting inhalers did not have the appropriate actions or follow up. Following the inspection, the practice told us that all patients with overdue blood monitoring and high inhaler use had been booked for the relevant appointments.
- Cleaning schedules were not signed to ensure cleaning had been completed.
- There was no monitoring of routine referrals to ensure appointments had been booked or attended.

We rated the practice as inadequate for providing effective services because:

- The system to review medicines on repeat prescriptions was ineffective. For medicine reviews that had been completed, there was no associated documentation to detail what actions had been taken or conversations with patients or carers.
- Low numbers of care plans were in place for vulnerable patients such as those with a learning disability, dementia or a cancer diagnosis. The practice told us this was due to a reduction in face to face contacts during the COVID-19 pandemic and they had plans to review all patients with a learning disability in January 2021.
- Oversight of non-medical prescribers was lacking, and the practice did not conduct specific audits of their consultation and prescribing practices.
- Quality improvement activities were lacking regarding medicines management and areas of concern had not been identified by the practice.

We rated the practice as good for providing caring services because:

Overall summary

- Patients told us that staff treated them with care and compassion.
- National GP Patient Survey results were in line with local and national averages.
- The care home that the practice supported were positive about the care and treatment they had received, particularly during the COVID-19 pandemic.

We rated the practice as good for providing responsive services because:

- Patients told us that they were able to access appointments in a timely way.
- The practice had significant positive variation within the National GP Patient Survey for telephone access.
- The practice managed complaints in a timely way and we saw that these were used to improve services.

We rated the practice as Inadequate for providing well-led services because:

- The systems to manage medicines safely were ineffective. This included systems for patients on repeat medicines, high-risk medicines and those suffering from asthma.
- The practice had some plans in place to complete care plans for those with a learning disability however, there was no plans in place to address care plans for other vulnerable groups such as carers or those with dementia.
- Concerns raised at the August 2019 inspection in relation to oversight of non-medical prescribers had not been addressed by the practice.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

The areas where the provider **should** make improvements are:

- Continue to ensure that water temperatures are taken monthly to mitigate the risk of legionella.
- Continue to increase patient uptake for childhood immunisations and cervical screening. Ensure that results for cervical screening are tracked and patients are contacted where necessary.
- Continue to complete effective care planning and ensure contemporaneous records, particularly for patients in vulnerable groups, to ensure clinical situation and current management is documented.
- Continue to improve systems to monitor routine referrals to ensure these appointments have been booked or attended.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

Overall summary

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Background to The Manor Street Surgery

The Manor Street Surgery provides a range of primary medical services, including minor surgical procedures, from its location at Manor Street, Berkhamsted, Hertfordshire, HP4 2DL. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice is part of the Dacorum Healthcare Providers federation. The practice is also participating in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients).

The practice serves a population of approximately 11,600 patients. The practice population is 96% white British.

The practice supports a local care home and a residential service for those with a learning disability.

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice team consists of two male and two female GP partners and two female and one male salaried GP. The practice also employs a nurse practitioner, two practice nurses and two healthcare assistants (all female). The practice also employs trainee GPs and has two GP registrars in placement with the practice at the time of inspection. The clinical team is supported by a practice manager and a team of non-clinical, administrative staff.

The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice operates from a three-storey property, with all patient consultations being held on the ground floor level. There is a large car park outside the surgery, with disabled parking available.

The Manor Street Surgery is open from 8am to 6.30pm on Monday to Friday. They offer extended access on a Monday between 7am and 8am and from 6.30pm to 8pm. They offer Saturday morning clinics once a month. When the practice is closed, out of hours services can be accessed via the NHS 111 service and is provided by Herts Urgent Care. Information about this is available in the practice and on the practice website.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Management of some high-risk medicines was ineffective, and we found multiple patients who had not had the relevant blood testing prior to prescribing.• Management of patients diagnosed with asthma who were high users of short acting inhalers was ineffective.• There was a lack of formal clinical supervision and audit was not in place for non-medical prescribers. <p>This was in breach of Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment.</p>

Enforcement actions

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>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Concerns raised at the August 2019 inspection in relation to oversight of non-medical prescribers had not been addressed by the practice. There was not an effective system in place at the time of this inspection.• There was no system in place to monitor routine referrals to ensure these appointments had been booked or attended.• The practice was unable to provide evidence that nursing staff had completed level three safeguarding training. This was highlighted in the August 2019 inspection.• There was no system in place to give assurance that the building, carpeted areas or non-single use equipment had been cleaned. <p>This was in breach of Regulation 17 HSCA (RA) Regulations 2014 Good Governance.</p>