

The Manor Practice




Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook an announced focused inspection of The Manor Practice on 15 September 2016. We found the practice to be good for providing safe services and for being well-led. The practice is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 26 November 2015. As a result of our findings during that visit, the practice was rated as good for being effective, caring, and responsive, and requires improvement for being safe and well-led. This resulted in a rating of requires improvement overall. We found that the provider had breached three regulations of the Health and Social Care Act 2008: Regulation 12(2)(h) Safe care and treatment, Regulation 19(3)(a) Fit and proper persons employed, and Regulation 17(2) Good governance. You can read the report from our last comprehensive inspection at <http://www.cqc.org.uk/location/1-572958578>. The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements.

We undertook this focused inspection on 15 September 2016 to check that the practice had followed their plan, and to confirm that they had met the legal requirements. This report only covers our findings in relation to those areas where requirements had not been met previously.

Our key findings on 15 September 2016 were as follows:

- An infection control audit had been completed and staff were receiving infection control training.
- Personnel files contained the required information about employees.
- Fire and legionella risk assessments and a business continuity plan were in place.
- Governance arrangements were in place to support the delivery of good quality care.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



Shortfalls identified at our last inspection had been remedied:

- An infection control audit had been carried out and action was taken to address the improvements that the audit had identified.
- Staff were completing infection control e-learning relevant to their role.
- Personnel files contained the required information about employees, for example photo identification and completed a Disclosure and Barring Service (DBS) check.

Are services well-led?

The practice is rated as good for being well-led.

Good



Shortfalls identified at our last inspection had been remedied:

- Systems and processes were in place to assess, monitor and mitigate risks relating to the health safety and welfare of patients and others, including fire, legionella and major incidents.
- Systems and processes were in place to assess, monitor and improve the quality and safety of the service provided, including staff appraisal, staff meetings and patient participation.

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 people with long-term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



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). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

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. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



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). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



The Manor Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Why we carried out this inspection

We carried out an announced, focused inspection of this service on 15 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This is because the service was not meeting some legal requirements during our previous visit on 26 November 2015. The inspection report is available at <http://www.cqc.org.uk/location/1-572958578>.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our announced, focused inspection on 15 September 2016, we reviewed a range of information provided by the practice. We spoke with GP partners, the practice managers and with non clinical staff.

Are services safe?

Our findings

Overview of safety systems and processes

At our last inspection on 26 November 2015 we found an infection control audit had not been carried out and not all staff had received infection control training, and required information about employees was not available.

At this inspection we found these shortfalls had been remedied:

- An infection control audit had been carried out by the CCG on 27 June 2016 and the practice had scored 97%. There was an agreed action plan in place to address areas for improvement which the provider was completing in a timely way.
- The practice had a plan in place for all staff to complete infection control training. The practice had sourced an e-learning provider and staff were completing e-learning training relevant to their role. Staff would be booked on to CCG training as it became available later this year.
- The provider had reviewed and reorganised all personnel files and the sample we looked at contained the information about employees required by the regulation, for example proof of identification, full employment history, references and the appropriate checks through the Disclosure and Barring Service. Systems and checklists had been put in place to ensure the provider continued to keep the required information for all employees going forward.

Are services well-led?

Good 

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

Our findings

At our last inspection on 26 November 2015 we found fire and legionella risk assessments were not in place; a business continuity plan was not in place; staff appraisal and staff meetings were in abeyance and there was no active patient participation group. There was a new leadership team in place and governance arrangements were under review.

At this inspection we found these shortfalls had been remedied.

Systems and processes were in place to assess, monitor and mitigate risks relating to the health safety and welfare of patients and others:

- A fire risk assessment had been carried out on 05 August 2015, although this had not been available for inspection on 26 November 2015. Fire marshals had received training about the role on 21 July 2016.
- A legionella risk assessment had been carried out on 10 December 2015. Measures were in place to control the risk, including regular water temperature control checks.
- An up to date business continuity plan for major incidents was in place.

Systems and processes were in place to assess, monitor and improve the quality and safety of the service provided:

- Staff had received an appraisal wherein their learning needs had been identified and planned for, and their role within the practice and ideas for improving how the practice was run were discussed.
- There were weekly clinical meetings and monthly staff meetings. There was a set agenda for these meetings, which were minuted. The minutes of meetings were available to all staff. The chair and minute taker for the staff meetings was being rotated amongst the staff group to strengthen their participation in these meetings.
- Staff told us they were being encouraged to engage in how the practice was run and that they felt able to raise concerns and / or put forward ideas for improvement.

They said communication and information sharing was better and that systems continued to improve and the practice was better organised so that patients found the service easier to use.

- The practice had relaunched its patient participation group and had recruited a few new members. It was working with the Patients Association to try different ways of involving patients in the running of the practice. The Patients Association is a national healthcare charity promoting the voice of patients in health services.
- The practice had also invited Healthwatch Waltham Forest to carry out a survey of patients in January 2016. Healthwatch Waltham Forest will repeat the survey in January 2017 to help the practice check improvements are working.
- The practice provided feedback to patients about the improvements it was making through You said, We did posters in the waiting area. Improvements included having a phlebotomist at the practice twice a week to take blood samples, increasing the number and quality of the telephone lines into and out of the practice, fitting grab rails at the practice entrance to aid mobility, and installing a self-check in machine to reduce queues at the reception desk.
- The Quality and Outcomes Framework (QOF) is a system intended to improve the quality of general practice and reward good practice. The practice achieved 100% of the total number of QOF points available in 2015-16.

Governance arrangements

The practice had established clear lines of accountability within the GP partnership and between the two practice managers. Electronic patient records were available on one system following the merger of the practice's patient list with that of a neighbouring practice, now closed. This arrangement had been made permanent in June 2016 following a 12 month caretaking contract with NHSE.

The new electronic patient record system was being used to good effect and the practice was preparing to move to making all referrals electronically to make the referral process safer and more efficient. Staff were booked for training on the NHS e-Referral Service on 29 September 2016.

Policies and procedures had been reviewed and updated and were readily available to staff to guide and instruct

Are services well-led?

Good 

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

them on how the service should be operated and managed. Systems had been put in place to monitor the operation and performance of the practice, for example referrals, recruitment checks, and recall systems for patients with long term conditions for routine checks and reviews.

The practice had plans to improve capacity and the range of services on offer to patients. It had made a successful bid

for a Primary Care Transformation Fund grant to increase the number of consulting rooms and to make the premises Disability Discrimination Act compliant. The practice was also taking part in a local pilot project to enhance GP support to care homes to reduce care homes' reliance on emergency services.