

# Mansion House Surgery

## Quality Report

19-20 Irish Street, Whitehaven, Cumbria, CA28 7BU

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Website:

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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

Are services effective?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Mansion House Surgery on 26 August 2015, during which a breach of a legal requirement set out in the Health and Social Care Act (HCSA) 2008 was found:

Regulation 18 HSCA of (Regulated Activities) Regulations 2014 : Staffing

The provider did not have in place suitable arrangements to ensure that staff employed within the practice were suitably supported in relation to their responsibilities as staff were not receiving regular opportunities for appraisal.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements set out in this regulation. They told us their action plan would be completed by 31 March 2016.

In April 2016 we undertook a focused inspection where we asked the practice to send us information to evidence

that they now met legal requirements. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Mansion House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- The practice had taken action to address the issue identified during the previous inspection and put in place arrangements to ensure staff appraisals for employees were carried out on an annual basis.

However, the practice should continue with the programme of appraisals to ensure that all staff employed within the practice are suitably supported in relation to their responsibilities and offered the opportunity to identify personal development needs and training requirements.

**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 effective?**

The practice is rated as good for providing effective services.

Action had been taken to address the concerns raised during our previous inspection in 26 August 2015.

There were improved arrangements in place to ensure staff were receiving regular appraisals which allowed the practice to identify their personal development needs.

**Good**



# Summary of findings

## Areas for improvement

### **Action the service SHOULD take to improve**

The practice should continue with the programme of appraisals to ensure that all staff employed within the practice are suitably supported in relation to their responsibilities and offered the opportunity to identify personal development needs and training requirements.

# Mansion House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A Care Quality Commission (CQC) Lead Inspector.

## Background to Mansion House Surgery

Mansion House Surgery is registered with the Care Quality Commission to provide primary care services. The practice is based in the centre of Whitehaven and provides care and treatment to 6425 patients from the Whitehaven area. The practice is part of the Cumbria clinical commissioning group and operates on a General Medical Services (GMS) contract.

The practice provides services from the following address:

Mansion House Surgery, 19/20 Irish Street, Whitehaven, Cumbria, CA28 7BU.

The practice is based in a listed restored Georgian mansion house. Disabled access is available at the rear of the property and the building provides fully accessible treatment and consultation rooms over three floors which are accessible by lift for patients with mobility needs. Although on-site parking is not available for patients, with the exception of one disabled car parking space, there is a pay and display car park near to the rear of the surgery. The practice is open between 8.00am to 6.30pm on a Monday to Friday. On one night per week (either a Monday, Tuesday or Wednesday) the practice is open until 8.15pm.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Cumbria Health on Call (CHoC).

Mansion House Surgery offers a range of services and clinic appointments including chronic disease management clinics, family planning, maternity services, cervical screening, NHS health checks, immunisations, vaccinations, foreign travel advice and minor surgery. The practice consists of six GP partners (four male and two female), four practice nurses, two health care assistants, a practice manager, medicines manager, reception manager, assistant reception manager, finance administrator, care co-ordinator and eight administrative staff who provide reception, typing and secretarial services. The practice is a teaching practice and is involved in the training of GP trainees and foundation doctors (qualified doctors training to become a GP).

The Care Quality Commission (CQC) intelligent monitoring tool placed the area in which the practice is located in the fourth (out of ten) most deprived decile. In general people living in less deprived areas tend to have a lesser need for health services.

The practice's age distribution profile showed higher percentages of patients in the 45 – 69 year old age groups than the national average. Average life expectancy for the male practice population was 79 (national average 79) and for the female population 82 (national average 83).

## Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

## Detailed findings

The inspection focused on one of the five questions we ask about services; is the service effective? This was because the service was not meeting a legal requirement in this domain when we inspected on 26 August 2015.

### How we carried out this inspection

The focused inspection was carried out as a desk top review. In April 2016 we contacted the practice by telephone and letter and we asked them to send us evidence to confirm that improvements to meet legal requirements had been made.

The practice manager sent us a schedule confirming dates of staff appraisals. They also sent us copies of anonymised staff appraisals. We talked with five staff members by telephone to discuss their experiences of the staff appraisal system and the support they received within the practice. This included two managerial staff, an administrative staff member, a healthcare assistant and a practice nurse.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

When we inspected the practice in August 2015 we identified an area of concern in relation to effective staffing:

The appraisal process for staff had slipped and appraisals were no longer held annually. As a interim measure the practice manager had ensured staff had access to regular 1:1 supervision sessions where training needs were discussed and identified.

During the focused inspection in April 2016 we asked the practice manager to provide evidence that appraisals had taken place and would be undertaken on an annual basis. We also asked for evidence that identified personal development needs and training requirements had been acted upon.

We found the practice had made some progress with appraisals, but not all staff had yet received an appraisal. We found 13 out of 19 administrative, nursing and health care staff had received an appraisal. For most other staff members a date for appraisal was confirmed.

The appraisal process for nursing staff had been delayed, as the practice was implementing a new appraisal process to align with revalidation required for the continuation of professional registration as nurses. The practice had held a meeting to discuss this on 11th April 2016. We saw notes of this meeting which confirmed it had taken place. Other appraisals had been delayed because of unexpected emergency leave. The practice planned for these to take place shortly, when the GP returned to work.

We were also sent copies of a selection of appraisals, which had all personally identifiable information removed. These showed that personal development and training requirements were identified, discussed and acted upon. We spoke with a range of five staff, who confirmed this.