

Manor Oak Surgery

Quality Report

Manor Oak Surgery
Horebeech Lane
Horam
East Sussex
TN21 0DS
Tel: 01435 812116
Website: None

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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 effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at Manor Oak Surgery in Horam, East Sussex on 10 January 2017 we found a breach of regulation relating to the provision of effective services. The overall rating for the practice was good. Specifically, the practice was rated requires improvement for the provision of effective services and good for the provision of safe, caring, responsive and well-led services. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Manor Oak Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 27 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection. Using information provided by the practice we found the practice was now meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

Our key findings were as follows:

- The practice had implemented a system for completing a wide range of clinical audits including a clinical audit schedule with the view to increase the level of clinical audit activity, ensuring quality improvement. We saw all clinicians (GPs and nurses) were now actively involved in completing clinical audits. Furthermore, we saw audits had been completed which reviewed clinical intervention against national and local guidelines and established best practice.
- Patient satisfaction was closely monitored through a series of patient surveys. The practice proactively sought patients' feedback and engaged patients in the delivery of the service. For example, with a view to improve patient satisfaction levels in relation to opening hours there was a patient consultation to review the current opening times and existing extended opening hours. This consultation aimed to ensure the practice, the opening times and extended opening hours met patient needs.
- Further steps had been taken to reinstate their website. Although not yet live, we saw the prototype website contained information about the practice and various articles from the patient participation group (PPG). Until the website was live (no date confirmed), the practice ensured the practices profile on NHS Choices website was up to date.

Summary of findings

- Arrangements for handling complaints and concerns had been strengthened. The complaints procedure was now in line with recognised guidance and contractual obligations for GPs in England. This now included information about how to escalate concerns if the complainant was not satisfied with the response from the practice.
- 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). Various actions had been

taken to improve areas of low performance. We saw these actions had been successful as the most recent results indicated performance for the vast majority of diabetes related indicators had improved when compared with the previous year's performance. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87%. This was a 16% improvement on the previous year's performance.

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 had taken appropriate action and is now rated as good for the provision of effective services.

Our last inspection in January 2017 identified concerns relating to no evidence of quality improvement activities as there had been no clinical audits completed in the last two years. The practice could not demonstrate that clinical audits or other quality improvement activities were utilised to review and make improvements to outcomes for patients.

We also saw concerns regarding how the practice managed diabetes within the practice population. The practice used information collected for the Quality and Outcomes Framework (QOF), however performance for diabetes related indicators was mixed with some areas of performance below the local and national average whilst in other areas performance was higher.

Using information provided by the practice we found the concerns had been addressed:

- Clinical audit activity had significantly increased and there was clear evidence of quality improvement and a schedule for ongoing clinical audits. The practice now had a system in place for completing a wide range of clinical audits. We saw all clinicians (GPs and nurses) were now actively involved in completing clinical audits. These included audits for prescribing, urology, hypothyroidism (the name given to the condition resulting from an under-active thyroid gland) and following patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The practice used the information collected for 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). Various actions had been taken to improve areas of low performance. We saw these actions had been successful as the most recent results indicated performance for the vast majority of diabetes related indicators had improved when compared with the previous year's performance.

Good



Manor Oak Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review inspection was completed by a CQC Inspector.

Background to Manor Oak Surgery

Manor Oak Surgery is a practice offering general medical services to the population of Horam and Heathfield in East Sussex. There are approximately 3,600 registered patients.

The practice population has a higher number of patients between over 45 years of age than the national and local clinical commissioning group (CCG) average. There are a similar number of patients with a longstanding health condition of 54% compared to the CCG average of 57% and national average of 54%. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for both the CCG area and England.

Manor Oak Surgery is run by four partner GPs (two male and two female). Currently only one of the partners provides regular consultation sessions at this practice. The practice is also supported by a salaried GP (female), an advanced nurse practitioner, three practice nurses, a healthcare assistant, a team of administrative and reception staff, and a practice manager.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and travel vaccines and advice.

Services are provided from one location:

- Manor Oak Surgery, Horebeech Lane, Horam, East Sussex TN21 0DS

Opening hours are Monday to Friday 8.30am to 6.00pm Monday to Friday. The practice is closed between 1pm and 2pm each day. However, there is a telephone access number for patients who need to speak to staff during this time. The practice has also made arrangements with the out of hours provider to cover 8.00am to 8.30am and 6.00pm to 6.30pm. During the times when the practice is closed, arrangements are in place for patients to access care from IC24 which is an Out of Hours provider.

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. This inspection took place on 10 January 2017 and we published a report setting out our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We undertook a follow up desk-based focused inspection on 27 June 2017 to follow up and assess whether the necessary changes had been made, following our inspection in January 2017. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the requirements of the regulations that had previously been breached.

This report should be read in conjunction with the full inspection report.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of Manor Oak Surgery on 27 June 2017. This involved reviewing evidence provided by the practice and a range of information we hold about the practice.

- We reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulation.

- We also reviewed information provided by the practice, including evidence of the new arrangements to increase clinical audit activity, how the practice monitored patient satisfaction, the revised complaint procedure, access to the prototype website and QOF submissions including a detailed breakdown of performance for diabetes related indicators.

All were relevant to demonstrate the practice had addressed the breach of regulation identified at the inspection in January 2017.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected Manor Oak Surgery in January 2017, we identified concerns relating to no evidence of quality improvement activities, no clinical audits completed in the last two years. The practice could not demonstrate that clinical audits or other quality improvement activities were utilised to review and make improvements to outcomes for patients.

We also saw concerns regarding how the practice managed diabetes within the practice population. The practice used information collected for the Quality and Outcomes Framework (QOF), however performance for diabetes related indicators was mixed with some areas of performance below the local and national average whilst in other areas performance was higher.

We reviewed information provided by the practice and found the practice had made improvements to address the concerns previously identified.

Management, monitoring and improving outcomes for people

During the June 2017 inspection, we saw that in the previous five months clinical audit activity had significantly increased and there was clear evidence of quality improvement and a schedule for ongoing clinical audits.

- The practice now had a system in place for completing a wide range of clinical audits. We saw all clinicians (GPs and nurses) were now actively involved in completing clinical audits.
- These included audits for prescribing, urology and hypothyroidism (the name given to the condition resulting from an under-active thyroid gland).

- We saw some clinical audits were linked to medicines management information and following safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). For example, we saw a completed clinical audit from April 2017 and subsequent actions, which highlighted patients on a specific medicine (subject to a MHRA alert) and the requirement for an urgent medicine review and onward referral to a specialist.
- We also saw clinical audit activity was now discussed at practice meetings. This included discussions to review the audit programme and the increased level of audits.

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).

- Various actions had been taken to improve areas of low performance. For example, to improve and sustain diabetes performance the practice had provided additional diabetes training to the nursing team.
- Furthermore, the practice had employed a nurse who specialised specifically in diabetes.
- We saw these actions had been successful as the most recent results indicated performance for the vast majority of diabetes related indicators had improved when compared with the previous year's performance. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87%. This was a 16% improvement on the previous year's performance.

These actions were now ensuring that requirements relating to good governance were being met.