

# OHP-The Manor Practice

## Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at OHP-The Manor Practice on 14 January 2019 as part of our inspection programme.

We based our judgement of the quality of care at this service 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.

**We have rated this practice as requires improvement overall due to concerns in providing safe, effective and well-led services. People with long-term conditions, families, children and young people as well as people experiencing poor mental health (including people with dementia) population groups were rated as requires improvement because the issues identified in effective impacted on these population groups. However, all other population groups was rated good.**

We rated the practice as **requires improvement** for providing safe services because:

- The practice operated a system to manage risk so that safety incidents were less likely to happen. However, when incidents did happen, the practice did not demonstrate a system to ensure learning to improve processes was disseminated at all levels of the practice.
- A sample of care records showed that patients prescribed high-risk medicines as well as other medicines which required closer monitoring were not routinely being reviewed in line with the practice protocol, which reflected national guidance. Clinicians were aware of medication review recording errors and were taking actions to strengthen the recording of medicine reviews to better evidence effective monitoring of medicines.
- Safeguarding systems, processes and practices were developed, implemented and communicated to staff.

We rated the practice as **requires improvement** for providing effective and well-led services because:

- Systems for monitoring repeat medicines was not operated effectively and did not demonstrate effective oversight. Practice based participation in care planning was not routinely being carried out.

- The 2017/18 Quality Outcomes Framework (QOF) performance for the practice showed variation in how the practice was performing compared to local and national averages. The practice was aware of areas such as exception reporting which required attention and were taking action to reduce the number of patients who were being exception reported unnecessarily.
- The practice carried out clinical audits to review the effectiveness and appropriateness of the care being provided.
- Leaders could show that they had the capacity and skills; however, unable to demonstrate how they transferred this to deliver high quality, sustainable care in some areas.
- The oversight of some governance arrangements were ineffective. For example, monitoring registration of clinical staff and medical indemnity insurance as well as the system for reporting and recording significant events.
- We saw little evidence of effective use of the systems and processes for supporting learning and continuous improvement following complaints.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care. The 2018 national GP survey results was aligned with these views.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

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

(Please see the specific details on action required at the end of this report).

The provider **should**:

- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Explore ways to maintain effective communication with the Patient Participation Group.

# Overall summary

- Continue taking action to improve the uptake of childhood immunisations and national screening programmes such as cervical screening.
- Ensure systems and processes to support good governance in accordance with the fundamental standards of care is embedded into the practice.

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

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector and an inspection manager.

## Background to OHP-The Manor Practice

OHP-The Manor Practice is part of the provider at scale organisation Our Health Partnership (OHP). OHP currently consists of 189 partners across 37 practices providing care and treatment to approximately 359,000 patients. The provider has a centralised team to provide support to member practices in terms of quality, finance, workforce, business planning, contracts and general management, whilst retaining autonomy for service delivery at individual practices. OHP also provides a mechanism by which practices can develop ideas to support the sustainability of primary medical services and provide a collective voice to influence change in the delivery of services locally and nationally.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The provider added OHP-The Manor Practice as a location to their registration registered in September 2017. There are two locations that form the practice; this consists of the main site located in James Preston Health Centre and the branch site located in Ashfurlong Medical Centre. The surgery has good transport links and there is a pharmacy located nearby. We visited both sites as part of this inspection.

The Manor Practice is situated within the Birmingham and Solihull Clinical Commissioning Group (CCG) and provides services to 17,000 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Practice staffing comprises of six GP partners (four male and two female), four salaried GPs (one male and three female) and a locum GP. The clinical team also includes two nurse practitioners, six practice nurses, two health care assistants and a pharmacist. The non-clinical team consists of a practice manager, a finance manager, an administration manager, a medical secretary and a team of receptionists and administrators.

Evening appointments are available at the branch site on Mondays from 6.30pm to 8.15pm; as well as Saturday appointments from 8.30am to 12.30pm. OHP operates seven extended access hubs across the city. Extended access for this practice is based at Ley Hill Surgery between 6.30pm and 8pm Mondays to Fridays; 8.30am to 12.30pm Saturdays and Sundays.

When the practice is closed, out of hours cover for emergencies is provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

The National General Practice Profile states that the practice population ethnicity estimate is 89% White with a further 11% of the practice population originating from Asian, Black, Mixed race or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice

population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 provider had failed to ensure the proper and safe management of medicines; for example,</p> <p>The provider did not provide assurance of compliance with relevant Patient Safety Alerts, recalls and rapid response reports issued from Medicines and Healthcare Products Regulatory Agency (MHRA).</p> <p>The provider did not provide assurance that medicine reviews were completed and reviewed regularly in line with nationally recognised guidelines.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:</p> <p>The provider did not gain assurance that staff were following the policy for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.</p> <p>The provider did not operate an effective system to maintain accurate records were kept in relation to persons employed in the carrying on of the regulated activities. For example, the provider did not provide assurance that registration and required medical indemnity insurance for clinical staff was checked and regularly monitored.</p>

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## Requirement notices

The follow up system to improve quality outcomes for patients was not fully effective, in particular for those patients with a long-term condition.

The provider did not operate an effective system to gain assurance that complaints over time were monitored, looking for trends and areas of risk that may be addressed.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.