

Dr Winifred Helen McManus

Quality Report

Albert Road Surgery
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Sunderland
Tyne and Wear
NE32 5AG

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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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Winifred Helen McManus on 23 June 2015. The overall rating for the practice was good, although the practice was rated as requires improvement for providing safe services. The full comprehensive report for the June 2016 inspection can be found by selecting the 'all reports' link for Dr Winifred Helen McManus on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 December 2017 to review in detail the actions taken by the practice to improve the quality of care. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

The practice is rated as requires improvement for providing safe services, and overall the practice is rated as good.

Our key findings at this inspection were as follows:

- At our previous inspection on 23 June 2015, we told the provider that they should make improvements in some areas. These included the arrangements for a

legionella risk assessment of the practice, infection control, appraisals and recruitment checks. We saw at this inspection that some improvements had been made.

- A legionella risk assessment had been completed.
- Overall the practice appeared clean and hygienic, however, the practice had not completed an infection control audit.
- The practice manager had been provided with an appraisal. However, no other staff had been appraised since the practice manager was appointed in October 2015.
- Appropriate recruitment checks had been completed for the two most recently employed members of staff at the practice.

There were areas of practice where the provider needs to make improvements as they are in breach of regulations.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients (See Requirement Notice Section at the end of this report for further detail).
- Ensure persons employed in the provision of the regulated activity receive the appropriate support,

Summary of findings

training, professional development, supervision and appraisal necessary to enable them to carry out the duties (See Requirement Notice Section at the end of this report for further detail).

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

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients (See Requirement Notice Section at the end of this report for further detail).
- Ensure persons employed in the provision of the regulated activity receive the appropriate support,

training, professional development, supervision and appraisal necessary to enable them to carry out the duties (See Requirement Notice Section at the end of this report for further detail).

Dr Winifred Helen McManus

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Inspector.

Background to Dr Winifred Helen McManus

Dr Winifred Helen McManus is registered with the Care Quality Commission (CQC) to provide primary care services. The practice provides services to around 3,250 patients from one location. We visited this location during our inspection:

- Albert Road Surgery, 118 Albert Road, Jarrow, Tyne and Wear, NE32 5AG.

Dr Winifred Helen McManus is situated in a converted end terraced house with adapted disabled access at the front entrance and a platform lift to enable patients to access the first floor.

The practice has a GP provider (female), a salaried GP (female), a practice manager and deputy practice manager, a practice nurse, a healthcare assistant and administrative and reception staff. Patients were not normally able to access a male GP other than when locum cover was provided by a male GP.

The practice is open at the following times:

- 8am and 6pm on a Monday, Tuesday, Wednesday and Friday, and between 8am and 1pm on a Thursday.

The telephones are answered by the practice during their opening hours. This information is also available on the

practice's website. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Core appointments were:

- Monday: 9am until 12pm and 2.30pm until 5.40pm;
- Tuesday: 9am until 11.30am and 2:30pm until 5:30pm;
- Wednesday: 8.30am until 11.30am and 3pm until 5.30pm;
- Thursday: 9.00am until 11.30am;
- Friday: 9.30am until 12.00pm and 3.30pm until 5:30pm.

The practice is part of NHS South Tyneside clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Winifred Helen McManus on 23 June 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe care and good overall. The full comprehensive report following the inspection on 23 June 2015 can be found by selecting the 'all reports' link for Dr Winifred Helen McManus on our website at www.cqc.org.uk.

We undertook a follow up focused inspection Dr Winifred Helen McManus on 15 December 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 23 June 2015, we rated the practice as requires improvement for providing safe services as the practice did not have a legionella risk assessment, regular infection control audits did not take place, safe recruitment practices had not always been completed and the practice manager had not been appraised in the last two years.

There had been some improvements when we undertook a follow up inspection on 15 December 2017. However, progress was limited and the practice is not compliant with regulations and is rated as requires improvement for providing safe services.

Safety systems and processes

- When we inspected the practice in June 2015, we saw that the practice had not carried out pre-employment checks when they recruited the most recently employed salaried GP. In December 2017, we reviewed the practice staff files for this GP and two recently recruited administrative staff. We found that appropriate recruitment checks had been made prior to the employment of the two most recently recruited staff members. In June 2015, we saw that the practice had not ensured the practice's water systems were kept free from the presence of legionella. In December 2017, we saw that the practice had arranged for an external company to complete a legionella risk assessment of the building and that the practice had complied with the recommendations of the report.
- When we inspected the practice in June 2015, we saw that regular infection control audits had not been carried out. In December 2017, we found that the system to manage infection prevention and control was not effective. The practice had not completed an infection control audit. A basic daily cleaning schedule was in place and both the infection control lead and the practice manager carried out an informal review of the building each month. Few records were kept of these checks or any actions taken in response to any issues raised. The infection control lead told us they carried out ad-hoc handwashing audits but no records were kept of these. The practice's infection control file was not up to date and some of the policies required review.
- When we inspected the practice in June 2015, we saw that the practice manager had not been appraised in the last two years. In December 2017, we found that a new practice manager had been appointed in October 2015. They had been appraised twice since starting to work at the practice; an appraisal scheduled for October 2017 had not been carried out due to the long-term sick leave of the GP. The practice manager told us that no other staff appraisals had been carried out at the practice since they had been appointed in October 2015. They were aware of the need to carry out staff appraisals, we were told issues were managed as they occurred and they the practice manager had an "open door policy".

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <p>The practice had not completed and documented any infection control and prevention audit.</p> <p>This was in breach of regulation 12(2)(h) 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 Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <p>Staff employed had not been offered the opportunity for appraisal since 2015.</p> <p>This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>