

Dr Winifred Helen McManus

Inspection report


118 Albert Road
Jarrow
Tyne and Wear
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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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Albert Road Surgery (Dr Winifred Helen McManus) on 15 May 2019 as part of our inspection programme, and to follow up on breaches of regulations identified at a previous inspection on 27 September 2018. Previous ratings:

- June 2015 – comprehensive inspection, rated as good overall but requires improvement for providing safe services
- December 2017 - focused inspection, remained rated as requires improvement for safe
- September 2018 – comprehensive inspection, rated as requires improvement for providing safe and well led services and overall.

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 inadequate overall. We have rated all population groups as requires improvement.

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

- While the practice had made some improvements since our inspection on 27 September 2018, it had not appropriately addressed the Requirement Notice in relation to ensuring that staff had received the immunisations appropriate to their role. At this inspection we also identified additional concerns that put patients at risk. For example:
- Appropriate standards of cleanliness and hygiene were not met.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not have appropriate systems in place for the safe management of medicines.

We rated the practice as **inadequate** for providing well-led services because:

- While the practice had made some improvements since our inspection on 27 September 2018, they had not appropriately addressed the Requirement Notice in relation to the implementation of systems to assess, monitor and mitigate risks to service users.
- There was still no detailed strategy or vision for how the practice was going to address staffing concerns.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice did not have a clear vision, supported by a credible strategy.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

- The practice did not have a systematic programme of quality improvement.
- There was a lack of guidance available for the locum GPs in relation to clinical guidelines and prescribing protocols.
- Staff appraisals did not assess the learning and development needs of staff.
- There were no records to demonstrate the training undertaken by the lead GP.

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 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.
- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

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

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

- Provide appropriate training for non-clinical staff on sepsis awareness.
- Maintain records of all staff's training.
- Take steps to review patient safety alerts issued during the practice manager's absence and take action as appropriate.
- Implement a system to keep all clinicians up to date with current evidence based practice.
- Review the contents of the locum pack to ensure all necessary guidelines and up to date information is available.
- Take action to ensure that patients who need support to access the premises can summon assistance.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any

population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Dr Winifred Helen McManus

Dr Winifred Helen McManus provides care and treatment to around 3,100 patients in the town of Jarrow, Tyne and Wear. The practice is part of South Tyneside clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

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

The surgery is located in a converted end terraced house. There is on street parking, an accessible WC, wheelchair and step-free access.

Opening hours are between 8am and 6pm Monday, Tuesday, Wednesday and Friday then between 8am and 1pm on Thursdays. A GP is on call every Thursday afternoon until 6pm.

The practice has a contract with the local out of hours provider to provide cover from 6pm.

The practice is part of a local federation which provides extended opening hours for patients; appointments are available Monday to Friday between 7am and 8am, then between 6.30pm and 8pm, Saturdays and Sundays from 10am to 2pm and on bank holidays between 10am and 1pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare (known locally as Northern Doctors Urgent Care).

Patients can book appointments in person, on-line or by telephone.

The practice has:

- one lead GP (female),
- one nurse practitioner (male),
- one practice nurse (female),
- a healthcare assistant,
- a practice manager,
- an assistant practice manager, and
- seven staff who carry out reception and administrative duties.

The practice has a lower than average proportion of patients under the age of 18 (17% compared to the CCG average of 21%) and a higher number of patients over the age of 65 (25% compared to the CCG average of 20%). Information taken from Public Health England placed the area in which the practice is located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure the proper and safe management of medicines;</p> <p>Medicines reviews were not always carried out on a timely basis. Some repeat prescriptions were being issued before patients had been reviewed to ensure that prescription remained appropriate.</p> <p>59% of patients had received a medication review, which meant that 41% of patients who were being prescribed repeat medication were overdue a medication review.</p> <p>The provider had failed to ensure that the equipment used for providing care or treatment to services users was safe;</p> <p>We found out of date equipment in the first-floor clinical room, dressings dated November 2017 and September 2018, a vaginal swap kit dated September 2018 and a needle dated March 2019.</p> <p>The provider had failed to assess the risk of, prevent, detect and control the spread of infections, including those that are health care associated;</p> <p>The personnel records showed that relevant staff had received hepatitis B immunisations. However, there were no records for all relevant staff of immunity level for measles, mumps, chickenpox and rubella.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

All premises and equipment used by the service provider must be clean, secure, suitable for the purpose for which they are being used, properly used, properly maintained and appropriately located for the purpose for which they are being used.

How the regulation was not being met:

The provider had failed to ensure the premises used were properly maintained;

A fire risk assessment in October 2018 highlighted a number of areas where improvements were required. This included concerns about effective signage regarding fire exits at the bottom of the staircase, there was no method to evacuate persons from the first floor, the fire log book was not up to date, external waste bins were not secured, the external letter box was missing and the fire door was not appropriate for use. None of the concerns had been resolved.

There was no electrical installation safety certificate.

The patient and staff toilets were poorly maintained. MK observed paint was peeling off the walls, there was rust on top of a pedal bin, there was a gap in the plaster where waste pipe went outside and some of the tile grout was discoloured.

A monthly walk around of the practice was undertaken, but no formal infection control audits were carried out.

This was in breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements.

Enforcement actions

How the regulation was not being met:

The provider had failed to ensure that systems and processes were established and operated effectively to ensure compliance with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;

The practice's governance structures, processes and systems did not always operate effectively.

A fire risk assessment had been undertaken in October 2018 but none of the recommendations resulting from the assessment had been actioned.

The practice did not have a clear vision of its long-term direction. There was no business plan, strategy or evidence of plans in place to ensure the sustainability of services.

The practice did not have comprehensive assurance systems in place. The outcomes of patients' care and treatment were not always monitored. There was no programme or schedule of reviews to ensure the continuous improvement of care, treatment and outcomes for patients.

There were no infection control audits carried out, the processes for monitoring repeat prescribing were not always followed and there were no formal systems to ensure local and national clinical guidelines were followed by all clinicians.

There were no checks to ensure clinical staff's professional registrations remained current.

There were no formal systems in place to monitor the prescribing of controlled drugs.

The practice manager had been absent for three months, there were no plans in place to manage this absence to ensure their management role was fulfilled.

The provider did not have effective arrangements in place for seeking and acting on feedback from relevant persons;

There was no patient participation group to support the practice to review and improve services.

This section is primarily information for the provider

Enforcement actions

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