

Manor Way Surgery

Quality Report

Manor Way Surgery
Suite B,
Lee on the Solent Health Centre
Lee On The Solent,
Hampshire
PO13 9JG
Tel: 02392553161
Website: www.manorwaysurgery.co.uk

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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?		Good	
Are services effective?		Good	
Are services well-led?		Good	

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 Manor Way Surgery on 20 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Manor Way Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 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 on 20 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had suitable governance arrangements and systems for assessing and monitoring risks and the quality of the service provision. This included management of high risk medicines; prescriptions; and clinical audits.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an effective system in place for reporting and recording significant events.
- Training had been provided to ensure all staff were trained to the appropriate level for their role.
- Care plans were reviewed on a regular basis and contained relevant and current information.
- All patients with a learning disability were offered and had had appropriate health assessments.
- Arrangements for translation purposes had been reviewed to minimise the use of family or friends as translators, unless this was the patients' wishes.
- The patient participation group was active and further ways of reaching out to patients had been put into place to gather feedback.

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 safe?

The practice is now rated as good for providing safe services.

- Risks to patients were assessed and well managed.
- There was an effective system in place for reporting and recording significant events.
- Training had been provided to ensure all staff were trained to the appropriate level for their role.
- There were appropriate systems in place to manage high risk medicines and prescriptions.

Good



Are services effective?

The practice is now rated as good for providing effective services.

- Clinical audits demonstrated quality improvement.
- Patients were offered annual health checks; all patients with a learning disability had received a health check.
- Care plans were reviewed on a regular basis and contained relevant and current information.

Good



Are services well-led?

The practice is now rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice sought feedback from patients, which it acted on. The patient participation group was active and further ways of reaching out to patients had been put into place to gather feedback.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety, effective and well led identified at our inspection on 20 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety, effective and well led identified at our inspection on 20 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety, effective and well led identified at our inspection on 20 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective and well led identified at our inspection on 20 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective and well led identified at our inspection on 20 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effective and well led identified at our inspection on 20 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Manor Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a lead inspector, a CQC inspector and a GP specialist advisor.

Background to Manor Way Surgery

Manor Way Surgery is located at Suite B, Lee On The Solent, Hampshire PO13 9JG. The practice is based on the edge of the seaside town of Lee on the Solent and is situated in a health centre managed by NHS property services. The building is shared with other NHS community services and one other GP practice.

The Manor Way Surgery provides general medical services (GMS) to around 4,800 patients. There are two female GP partners (1.75 whole time equivalent). There are three female practice nurses, one of which is a nurse practitioner, which is equivalent to 2.9 full time nurses). There is a reception administration team made up of full and part time staff of eight and a practice manager.

There is a large car park behind the health centre, with dropped kerbs and disabled parking spaces. An automatic door leads to a small reception waiting area. There is a small desk and an automatic check-in system available.

There are three consulting rooms and two treatment rooms, one of which is used for minor surgery. Manor Way Surgery is a teaching practice that supports medical students and student nurses.

Public Health England National General Practice profiles states the ethnic mix of patients can be described as 1.2% mixed, 1.1% Asian, with the majority of patients identifying themselves as White British. The practice is located in one of the least deprived areas in England.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 5.40pm daily. Extended hours appointments are offered on one Saturday per month from 9am until 12pm.

We inspected the only location:

Manor Way Surgery
Suite B,
Lee on the Solent Health Centre
Lee On The Solent,
Hampshire
PO13 9JG

Why we carried out this inspection

We undertook a comprehensive inspection of Manor Way Surgery on 20 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall, with requires improvement in the safe, effective and well led domains. The full comprehensive report following the inspection on 20 July 2016 can be found by selecting the 'all reports' link for Manor Way Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Manor Way Surgery on 6 June 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.

How we carried out this inspection

We carried out an announced visit to the practice on 6 June 2017 and looked specifically at the shortfalls identified in the requirements notices made after our inspection in July 2016.

We did not speak with patients who used the service.

We spoke with the GP partners, the practice manager, nursing staff and reception and administration staff.

We looked at policies and procedures and inspected records related to the running of the service. These included action plans produced by the practice to address the issues in the requirement notices.

Are services safe?

Our findings

At our previous inspection on 20 July 2016, we rated the practice as requires improvement for providing safe services as there were shortfalls in systems and processes to keep patients safe. There was an absence of a monitoring system for patients on medicines that required additional blood tests, and actions identified to address recommendations associated with infection control practice had not been taken. Systems to manage risks related to safeguarding training and medicines management needed improvement.

These arrangements had improved when we undertook a follow up inspection on 6 June 2017.

The practice is now rated as good for providing safe services.

Safe track record and learning

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

- There was a system in place for managing significant events and incidents. The practice received feedback on themes and trends from reported significant events via the clinical commissioning group quarterly surveillance report called Quasar. The practice discussed themes and trends and learning at team meetings.
- The system for managing alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and other alerts was understood by clinical staff. The practice used a medical information system which produced a clinical safety warning about alerts for clinicians when they were seeing patients. For example, alerts relating to medicines which may cause complications if a patient was pregnant, were shown on the patient record when a GP was generating a prescription.

Overview of safety systems and process

- At our previous inspection we found that one practice nurse had not received safeguarding training to level 2. This had been completed and records demonstrated that all staff had received training to the appropriate

level for safeguarding. The practice manager had a spreadsheet on which all training undertaken had been recorded. However the practice did not have a plan for refresher training.

- Since our previous inspection the practice had completed all the recommendations made after an infection control audit in June 2016. The practice used disposable privacy curtains and we saw that these were dated when changed and there was a programme to change them every six months in line with best practice.
- At our previous inspection we found sharps boxes for used needles were over full. On this inspection we saw that all sharps boxes had been dated when assembled and were not over full. We noted that the infection control policy had been reviewed; it stated that audits would be carried out every three months, when the actual time frame was annually. The policy also stated that minor surgery would be performed in an environment where all surfaces were washable; however, minor procedures such as joint injections were carried out in GP consulting rooms, which were carpeted.
- Processes were in place for handling repeat prescriptions. The practice told us they carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw records which confirmed this.
- Improvements had been made to prescription security and nurse prescribing. The practice had a system in place for logging all blank prescription stationery and rooms were locked when not in use. One of the practice nurses had recently completed a nurse prescribing course and was being appropriately supported to carry out this role.
- There was an improved monitoring system for high risk medicines that required regular blood tests and monitoring to ensure patient safety. The lead GP was able to describe the processes for monitoring patients on these medicines and explained that an alert appeared on their record when blood tests and a review was due. We were able to view a sample of patient records to confirm that this was in place.

Monitoring risks to patients

- At our previous inspection we found the practice did not have a specific emergency medicine which is used for

Are services safe?

the treatment of shock associated with the fitting of contraceptive Intra-uterine Contraceptive Devices, (IUCDs also known as the coil). We checked the medicines held in the practice and the relevant medicine was available for use.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 July 2016 the practice was rated as requires improvement for providing effective services as annual health checks of patients with a learning disability were not carried out; there was limited evidence that audits were driving improvements; and care plans lacked sufficient detail to guide care and treatment.

These arrangements had improved when we undertook a follow up inspection on 6 June 2017.

The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for People

- The practice carried out a range of clinical audits to demonstrate that patient outcomes were monitored. This included two week wait referrals to ensure these

were relevant and carried out in a timely manner. Records viewed confirmed this. Other audits which had been carried out included an audit to ensure patients were correctly coded on the practice computer system as being diagnosed with depression, to make sure this was accurate and appropriately coded. Since our previous inspection all patients diagnosed with a learning disability had been invited in for an annual health check and all of these had been completed.

Coordinating patient care and information sharing

- We reviewed a sample of care plans related to patients with long term conditions and those living with dementia. We found that information contained within the plan provided sufficient information on care needs to provide care and treatment. Plans had been reviewed on a planned basis, for example of the 47 patients living with dementia a total of 76% had had a face to face review since our previous inspection.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 20 July 2016 the practice was rated as requires improvement for providing well led services as governance systems did not always support the strategy for good quality. The systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

These arrangements had improved when we undertook a follow up inspection on 6 June 2017.

The practice is now rated as good for providing well led services.

Governance arrangements

- The practice had a range of meetings to provide oversight of how the practice was operating. These included significant event reviews; team meetings; and whole practice meetings. The practice manager, GPs and staff worked closely together, as the small number of staff enabled regular informal contact on a daily basis, alongside formal meetings. The practice considered that the culture was open and transparent and all staff were able to communicate on how the service was delivered. Staff we spoke with confirmed this.
- There was a comprehensive business development plan in place which supported ongoing improvement and practice activity. The plan covered areas such as staff recruitment. The lead GP was due to retire three weeks after our inspection and a salaried GP had been employed, with recruitment ongoing for another partner or salaried GP. Also covered in the plan was staff appraisals and development plans to reinforce effective practice and highlight areas for improvement.
- The business plan outlined clinical staff responsibilities, which included maintain training requirements, updating on clinical guidance and participating in research. GPs were responsible for carrying out audits in line with clinical commissioning group guidance and those which were practice related, for example, ensuring health checks were undertaken.

- All of these areas were reported on at formal meetings, at regular intervals, for example premises concerns were reported and monitored on a monthly basis, as there had been issues with the cleaning service provided by the landlord.
- At our previous inspection there were limited arrangements for identifying, recording and managing some risks associated with high risk medicines. At this inspection we found that the system in place was safe and effective and demonstrated that patients on high risk medicines were reviewed appropriately and all necessary tests were carried out. This ensured the treatment was relevant and necessary.
- One of the practice nurses had been supported to undertake extended role training in prescribing medicines. The practice nurse had received confirmation on the day of this inspection that they were now deemed competent to carry out this role.

Leadership and culture

At the previous inspection there was limited evidence to show that the GPs were actively leading the running of the practice to ensure high quality care.

- We reviewed the systems and processes in place and found that there were effective lines of responsibility and accountability. The GPs and practice manager worked together to ensure that quality of service provision and safety were monitored and improved where needed.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

- The practice had a virtual patient participation group and a social media site to gather feedback, but had found the information they obtained was limited and

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

not consistent. Since our previous inspection they were implementing a 'walking group' which would involve staff and patients, particularly those with young families, as a means of gaining feedback and providing

support for patients who might be socially isolated. The practice had distributed a newsletter to inform patients of the purpose of the walk and had arranged a date for the initial walk.