

Manston Surgery

Inspection report

Cross Gates Medical Centre
Crossgates
Leeds
LS15 8BZ
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www.manston.org

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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 to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Manston Surgery on 19 and 23 January 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - inadequate

Following our previous inspection in April 2016, the practice was rated good overall and for 4 of the 5 key questions. We rated the practice requires improvement for providing safe care. Following a focused follow-up inspection in March 2017, the practice was rated good for providing safe care.

The full reports for previous inspections can be found by selecting the 'all reports' link for Manston Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities and to follow up concerns reported to us.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A shorter site visit.
- Reviewing staff questionnaires.

Our findings

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.

Overall summary

We found that:

- The practice did not have systems and processes that operated effectively to evidence compliance with requirements to demonstrate good governance.
- Staff did not receive adequate training or support.
- The culture of the practice did not enable staff to raise concerns.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We found 2 breaches of regulations. The provider **must**:

- Ensure 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.

In addition, the provider **should**:

- Take action to reduce the backlog of summarising of new patient notes.
- Take steps to improve the number of NHS health checks offered to patients.
- Implement a system for regular formal discussions with external stakeholders.
- Implement a system of regular documented competency checks for dispensary staff.
- Continue to take steps to improve patient experience with making appointments.

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 months. If insufficient improvements have been made such that there remains a rating of inadequate for any 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 6 months if they do not improve.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) inspector who spoke with staff using video conferencing facilities. An onsite inspection was undertaken by a CQC inspector, a regulatory coordinator and a CQC medicines specialist. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Manston Surgery

Manston Surgery is situated on the 1st floor in Cross Gates Medical Centre on Station Road, Leeds, LS15 8BZ. The medical centre houses another GP Practice on the top floor, and a pharmacist and private physiotherapy service on the ground floor. The practice also has a branch site at 96 Main Street, Scholes, Leeds, LS15 4DR. The branch site is a dispensing practice. We visited both sites as part of our inspection.

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

The practice offers services from both the main practice and a branch surgery. Patients can access services at either surgery.

Manston Surgery is a partnership providing services to a patient list of 8,220 patients. The practice holds a Primary Medical Services (PMS) contract.

The practice is situated within the NHS West Yorkshire Integrated Care Board (ICB) and is part of a wider network of GP practices, known as a Primary Care Network (PCN). The practice sits within the Crossgates PCN.

Information published by Public Health England shows that deprivation within the practice population group is ranked 5th (1-10, where 10 is less deprived). According to the latest available data, the ethnic make-up of the practice area is 90% White, 4% Asian, 3% Mixed, 2% Black and 1% other.

The practice team consists of 2 GP Partners, 3 salaried GPs, and a regular locum GP. There are 3 practice nurses, 2 healthcare assistants (HCAs), 2 dispensers, a practice manager, an assistant practice manager, a reception manager and a team of reception and administrative staff. Support is provided by the PCN in the form of a Physician Associate, 2 advanced nurse practitioners (ANPs), a dementia nurse, a physiotherapist, a mental health practitioner and a pharmacy team.

The practice is open between 8am to 6pm Monday to Friday. Enhanced access is provided by the practice in collaboration with the PCN on Saturdays between 8am and 2pm for GP, nurse and HCA appointments, and between 5pm and 7pm for pharmacy support. Local Care Direct provide telephone cover Monday to Friday 6pm to 6.30pm and Leeds GP Confederation provide additional late evening and weekend appointments.

Appointment times at the practice are between 8.10am and 5.50pm. Patients can book appointments via telephone or online, and these can be booked on the day or in advance. The practice offers both face-to-face and telephone appointments.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• The system for reviewing policies was not effective. Several policies had been created or reviewed in response to the inspection. Some policies did not detail the review date history and did not provide key information or adequate guidance.• Some staff groups did not have the opportunity to attend meetings.• Staff did not have access to one to ones and appraisals. There had been no appraisals for several years.• The system for reviewing staff training was not effective. Several members of staff were not up to date with training or had undertaken training after the inspection had been announced. There was no policy detailing the mandatory training requirements for staff.• There was no assurance of the supervision processes in place for support staff from the practice's primary care network.• Details of complaints and significant events, and the associated learning, was not adequately shared with the wider team. |
| Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the proper and safe management of medicines and equipment at the practice. In particular:</p> |

Enforcement actions

- There were no risk assessments in place to support decisions about which medicines should be available at the practice for emergency use.
- There was some expired equipment stocked at both sites.
- There were no oxygen warning signs displayed in areas where oxygen was stored.

The provider had failed to ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way. In particular:

- There was no infection prevention and control (IPC) policy in place and no recent IPC audit had been undertaken. The IPC lead for the practice had not been formally documented and several staff members were not sure who the IPC lead was.
- There was no health and safety risk assessment and Legionella risk assessment in place for the branch site.
- Risk assessments were not always adequate as they did not identify areas that required action.
- Designated fire marshals had not received training for their role.

Assessments of the risks to the health and safety of staff and service users were not being carried out. In particular:

- Staff vaccination was not maintained in line with current UK Health and Security Agency (UKHSA) guidance.
- Not all staff had received training relevant to safety.
- Disclosure and Barring Service (DBS) checks were not in place for all staff.

The provider had failed to ensure that all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:

- There was no evidence of reference checks carried out at the recruitment stage for all staff.
- Evidence of qualifications was not held for all staff.
- Training was not up to date for several members of staff, and many had only recently completed their training, for key areas including safeguarding. Training in areas including sepsis awareness and the mental capacity act did not form part of the mandatory training schedule.