

# The Mandeville Practice

## Quality 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced inspection of The Mandeville Practice on 23 August 2017. This was to follow up on a warning notice the Care Quality Commission served following an announced comprehensive inspection on 5 April 2017 when the practice was rated as inadequate for providing well led services.

The warning notice was served relating to regulation 17: Good Governance of the Health and Social Care Act 2008. The timescale given to meet the requirements of the warning notice was 1 August 2017.

The April 2017 inspection highlighted several areas where the provider had not met the standards of regulation 17: Good governance. We found:

# Summary of findings

- Failure to ensure the provider assessed, monitored and improved the quality and safety of the services provided and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk.
- The provider did not ensure records for the care and treatment provided to patients were kept securely.
- A failure to seek and act on feedback for the purpose of continually evaluating and improving the services.

At this inspection in August 2017 we found that actions had been taken to improve the provision of well led services. Specifically the practice had:

- Reviewed the governance arrangements for all areas of practice outlined in the warning notice.
- Introduced a new system for the monitoring of training, although this was not fully implemented at the time of inspection.
- Reviewed the emergency medicine and equipment arrangements to ensure ease of access when needed quickly. However, an emergency medicine to treat an opioid (a strong pain-killer) overdose was not available and the provider had not assessed this risk.
- Improved the arrangements for recording ongoing recruitment and governing body checks.
- Introduced regular staff and clinical meetings to ensure learning from significant events and complaints was monitored and communicated with the team.
- Installed a 'you said we did' board to show actions following patient feedback.

- Completed or commenced staff appraisals for all staff that had been in post for over 12 months.
- Undertaken further clinical audits and demonstrated improvements to patient care and outcomes.

The areas where the provider should make improvements are:

- Ensure training for all staff is monitored by the provider.
- Ensure the stock of emergency medicines is reviewed and risk assessed.

At our previous inspection in April 2017, we rated the practice as inadequate for the provision of well-led services and gave the practice an overall rating of inadequate. At this inspection we have focused on the warning notice findings in respect of the well led section of our report. We found that the practice had taken action to address the breaches of regulation set out in the warning notice issued in June 2016. However, the current ratings will remain until the practice receives a further comprehensive inspection to assess the improvements achieved against all breaches of regulation identified at the previous inspections.

The comprehensive report published on 29 June 2017 should be read in conjunction with this report.

**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 well-led?**

During our inspection in August 2017 we found the practice had made improvements to the provision of well led services. Specifically, the practice had;

- Reviewed the governance arrangements for all areas of practice outlined in the warning notice.
- Introduced a new system for the monitoring of training, although this was not fully implemented at the time of inspection.
- Reviewed the emergency medicine and equipment arrangements to ensure ease of access when needed quickly. However, an emergency medicine to treat an opioid (a strong pain-killer) overdose was not available and the provider had not assessed this risk.
- Improved the arrangements for recording ongoing recruitment and governing body checks.
- Introduced regular staff and clinical meetings to ensure learning from significant events and complaints was monitored and communicated with the team.
- Installed a 'you said we did' board to show actions following patient feedback.
- Completed or commenced staff appraisals for all staff that had been in post for over 12 months.
- Undertaken further clinical audits and demonstrated improvements to patient care and outcomes.

# The Mandeville Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This warning notice follow up inspection was undertaken by a CQC inspector. The team included a GP Specialist Advisor.

## Background to The Mandeville Practice

The Mandeville Practice is managed by Practice U Surgeries Limited, who form part of The Practice Group (TPG), who are an organisation commissioned to deliver a range of services nationally which includes GP practices and walk-in centres across England. TPG has 41 GP Surgeries and 1 Walk In Centre, plus 20 Community Based Contracts and also has a Complex Care division, caring for clients in their own homes.

The Practice U Surgeries Limited took over The Mandeville Practice contract in April 2016 when the previous partnership dissolved. The practice has a patient list size of around 16,000 patients. The practice is part of the Aylesbury Vale clinical commissioning group (CCG). There has been a practice manager in post since the contract was taken over with a new practice manager in post since January 2017, who is also supported by an assistant practice manager.

There are six salaried GPs at the practice and one self-employed (with a mix of three male and four female). The practice also uses a small number of regular locum GPs when required. The practice has a lead nurse manager,

two advanced nurse practitioners, three nurses and two health care assistants. The practice also employs two clinical pharmacists and a team of reception and administration staff.

The Mandeville Practice is a purpose built premises with car parking for patients and staff. There is easy access for patients/carers with a ramp and a lift. All patient services are on both the ground and first floor. The practice comprises of 13 consulting rooms, two treatment rooms, two patient waiting areas together with administrative and management office and meeting spaces.

The average male and female life expectancy for the practice is 80 and 82 years respectively, which is similar to the national averages of 79 and 83 years. Information from Public Health England 2015 shows the practice population age distribution is not comparable to national averages; the practice has a higher working age population and a lower elderly population. The population has a relatively low ethnicity mix; 3.7% of patients have mixed ethnicity, 13.9% have Asian ethnicity and 4% have black ethnicity. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fifth less deprived. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The Mandeville Practice is registered to provide services from the following location:

The Mandeville Practice

Hannon Road

Aylesbury

Buckinghamshire

HP21 8TR

# Detailed findings

Prior to the inspection we were informed the practice did not have a registered manager in post. However, we saw evidence that the practice manager had applied to become the new registered manager and this application started before the inspection was announced.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Mandeville Practice on 23 August 2017 to follow up on concerns raised during a comprehensive inspection carried out on 5 April 2017, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing well led services and requires improvement for safe and effective

services. Overall the practice was rated requires improvement. The full comprehensive report following the inspection in April 2017 can be found by selecting the 'all reports' link for The Mandeville Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further focused follow up inspection of The Mandeville Practice on 23 August 2017. This inspection was carried out to review in detail the actions taken by the practice in relation to the warning notice issued by the CQC on 1 August 2017 and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff including two GPs, the practice manager and the lead nurse for The Practice Group.
- Reviewed practice documents and files.

# Are services well-led?

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

## Our findings

Following our previous inspection in April 2017, we issued a warning notice for good governance as the arrangements in respect of being a well led service did not ensure compliance with the regulations. Specifically, the practice had:

- Failed to ensure they assessed, monitored and improved the quality and safety of the services provided and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk.
- Did not ensure records for the care and treatment provided to patients were kept securely.
- Failed to seek and act on feedback for the purpose of continually evaluating and improving the services.

During the August 2017 inspection, we reviewed the warning notice issued in June 2017 following the inspection in April 2017. We found the governance arrangements had improved.

- The practice had introduced a new system for the monitoring of training, although this was not fully implemented at the time of inspection. The provider had implemented new software to ensure the monitoring of staff training requirements. On the day of inspection, this was not fully completed and the practice was in the process of gaining all the relevant training from staff members. This meant that the practice were not currently aware of when training was due to be renewed for all staff members.
- The emergency medicine and equipment arrangements had been reviewed to ensure ease of access when needed quickly. The practice had implemented an emergency medicine 'grab bag' that was stored with the oxygen and defibrillator. However, an emergency medicine to treat an opioid (a strong pain-killer) overdose was not available and the practice had not

assessed this risk. The practice undertook a risk assessment on the day of inspection stating that the medicine would be stocked onsite and all staff would be trained to administer the medicine by 5 September 2017.

- A new system was implemented to improve the arrangements for recording ongoing recruitment and governing body checks. All checks were uploaded onto the new software which would send the staff, the practice manager and the HR department a notification when the check was next due to be completed.
- The practice has introduced regular staff and clinical meetings to ensure learning from significant events and complaints was monitored and communicated with the team.
- The practice installed a 'you said we did' board to show actions undertaken following patient or staff feedback and had introduced a patient newsletter.
- The practice had completed or commenced staff appraisals for all staff that had been in post for over 12 months, with an opportunity for staff to identify any learning needs.
- The practice had introduced an audit schedule for the next 12 months.
- The practice had reviewed the way they recalled patients with long term conditions following the inspection. Patients were contacted during their birthday month and following three letters being sent inviting them to make an appointment a dedicated staff member would call the patients to encourage uptake. Unverified data at the time of inspection showed that the practice were on their way to improving the health outcomes from the previous year.

These improvements demonstrated the practice had acted on feedback from the CQC, however, further improvements are required with the monitoring of staff training and risk assessments relating to emergency medicines.