

# Manor Park Medical Centre

## Inspection report

204 Harborough Avenue  
Sheffield  
South Yorkshire  
S2 1QU  
Tel: 01142398602  
[www.manorparkmedicalcentre.co.uk](http://www.manorparkmedicalcentre.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 location

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Manor Park Medical Centre on 10 December 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us, including information provided by the practice. This inspection looked at the following key questions:

- Are services at this location safe?
- Are services at this location effective?
- Are services at this location caring?
- Are services at this location responsive?
- Are services at this location well led?

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 requires improvement overall with requires improvement in responsive and well led and requires improvement for all population groups.**

We rated this practice **requires improvement** in responsive because:

- Patients had extreme difficulty accessing care and treatment and reported they were not able to get through easily to the practice by telephone.
- The provider was aware of patient feedback from complaints. However, this had not driven adequate change to improve access for patients.

We rated the practice **requires improvement** in well led because:

- Risk assessments and actions to mitigate risks with regard to staff levels and the number of staff answering the phone and appointment numbers was not effective.

We rated the practice as **good** for providing safe, effective and caring services because:

- 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.
- The way the practice was led and managed promoted the delivery of high-quality care. The provider was aware of access issues and had taken steps to address it. However, at the time of the inspection patient feedback was overwhelming about difficulties accessing an appointment and the changes implemented had not addressed this adequately.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Ensure the recruitment information recorded for all members of staff is in line with Regulation 19, Schedule 3 of the Health and Social Care Act.
- Ensure all staff are trained to the appropriate safeguarding level for their role as recommended in the intercollegiate safeguarding guidance (Safeguarding children and young people: roles and competencies for healthcare staff).
- Implement a system for checking the medical fridges when the nurse is absent and review Public Health England guidance with regard to availability of a second thermometer in one of the medical fridges at the main site.
- Take action to review and follow their complaints policy to reflect NHS complaints guidance.

**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

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

## Our inspection team

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

## Background to Manor Park Medical Centre

Manor Park Medical Centre is located at 204 Harborough Avenue, Sheffield and has a branch site at 190 Duke Street, Sheffield. The two practices merged approximately 18 months ago. Patients can be seen at both sites.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. These are delivered from both sites.

Manor Park Medical Centre provides services to 8,909 patients within the Sheffield Clinical Commissioning Group (CCG) under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has one male GP partner and a business managing partner, five salaried GPs, four female and one male (one is on maternity leave and one is due to leave the practice at the end of December 2019). There are two advanced nurse practitioners who are able to prescribe medicines and a nurse prescriber. There are three practice nurses, three health care assistants, one phlebotomist and a clinical pharmacist. There is a practice manager and a team of secretarial, reception, administrative and support staff.

The business managing partner had submitted applications into CQC at the time of the inspection to be added to the CQC registration as a partner.

The practice is open 8.15am to 6.00pm Monday to Friday with the exception of Thursday afternoons when the main site closes at 12 noon. Extended hours appointments are offered on a Tuesday morning from 6.30am and Saturday morning 8.30am to 11.30am.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patient calls are automatically transferred to the Sheffield Out of Hours Service which is located at the Northern General Hospital.

The National General Practice Profile states that 85% of the practice population is from a white background with a further 15% of the population originating from Asian, black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Levels of unemployment are above the CCG average of 5% at 11%. Male life expectancy is 75 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

Following our inspection, we were advised by the business manager that they had experienced an outbreak of Norovirus that had affected numerous members of staff. The practice was therefore closed due to insufficient levels of staff to operate safely and also to allow a deep clean of the building. As further staffing issues have been

encountered the practice had sought advice and support from the local clinical commissioning group (CCG) who had agreed that the Manor Park site would remain closed for a period of up to three months until staff levels had improved and patients would continue to receive services from the branch site.

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 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• Patient feedback was overwhelming regarding the difficulties they experienced accessing an appointment and the practice by telephone.</li><li>• Risk assessments and actions to mitigate risks with regard to staff levels and the number of staff answering the phone and appointment numbers was not effective.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• The provider was aware that the majority of complaints and feedback into the practice were regarding access. However, this had not driven adequate change to improve access for patients.</li><li>• In absence of national GP patient survey they had not carried out their own survey.</li></ul>