

# The Manor Practice

## Quality Report

454 Lea Bridge Road  
London E10 7DY  
Tel: 020 8539 8950  
Website:

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 The Manor Practice on 26 November 2015. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- The practice had undergone significant change in the previous 12 months. There had been changes to GP partners and to other key personnel including the Practice Manager. There had been a change in the ownership of the premises. In addition to these changes, the practice had taken on some 5,000 additional patients on a caretaking basis in June 2015 when a neighbouring practice closed.
- There was a new leadership team in place that was at an early stage of developing strategy and plans to take the practice towards its aims for the service. It was at the start of establishing a new governance framework that would support the delivery of the strategy and plans and good quality care.
- Shortfalls we identified at our previous inspection of the practice in September 2014 had been remedied. Other shortfalls were identified at this inspection however, which reflected the pressures the practice had experienced in recent months.
- There was an open and transparent approach to safety and a system was in place for reporting, recording and learning from significant events. However, the provider did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour.
- Some risks to patients were assessed and well managed. More robust arrangements needed to be put in place for some other risks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The majority of patients said they were treated with compassion, dignity and respect. They felt cared for, supported and listened to.

# Summary of findings

- Patients said they could get an appointment when they needed one, including urgent same day appointments, but would have to wait longer to see a preferred GP.
- To meet increased demand on the service the practice had extended its opening hours and was providing a walk in service with an advanced nurse practitioner. It had upgraded its electronic patient record and telephone systems.
- Information about services and how to complain was available and easy to understand.
- The practice did not have an active patient participation group.

The areas where the provider must make improvements are:

- Ensure there are fire and legionella risk assessments and a major incident business continuity plan in place for the practice.
- Ensure there is an annual infection prevention and control audit and that all staff receive infection control training relevant to their role.

- Ensure recruitment information in relation to each person working for the service as specified in Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 is available for staff who joined the practice after 01 April 2013.
- Ensure governance arrangements are in place to support the delivery of the provider's strategy and plans for the practice and good quality care, including patient participation mechanisms.

In addition the provider should:

- Put in place policy and procedures to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour.
- Consider the ways in which the practice's new electronic patient record system could be used to keep comprehensive patient notes.

**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 rated as requires improvement for providing safe services as there are areas where improvements should be made.

- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- However not all risks to patients who used services were assessed, for example there were no fire and legionella risk assessments in place and no major incident business continuity plan.
- Systems and processes to address risks around recruitment and infection control were not implemented well enough to ensure patients were kept safe.
- Arrangements had not been put in place to ensure the practice complied with the requirements of the Duty of Candour.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and decency, and maintained patient and information confidentiality.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. It had applied for an Improvement Grant with the backing of the CCG to extend the premises to improve the range of services on offer and access.
- Patients said they could get an appointment when they needed one, including urgent same day appointments, although they may have to wait longer to see a preferred GP. The practice had extended its opening hours and was providing a walk in service with an advanced nurse practitioner to meet increased demand on the service.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where improvement should be made.

Requires improvement



- The practice had clear aims with safety and effectiveness as its top priority.
- However, the leadership team was new and strategy and business plans to deliver the aims were not yet developed.
- The practice was working hard to meet the increased demands placed on it when it took on on a caretaking basis an additional 5,000 patients from a neighbouring practice when it closed. This had stretched the GP Partners' capacity for leading the practice.
- Not all governance arrangements were robustly in place and were to be revised by the new leadership team.
- Some performance management and monitoring arrangements were in abeyance, for example practice meetings, the staff appraisal system and the patient participation group.
- There was, however, a clear leadership structure and staff felt supported by management, were enjoying their work and were optimistic about the future.

# 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 was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff as well as GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance for diabetes indicators was comparable to national averages.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances, for example those on the at risk register. Immunisation rates were relatively high for all standard childhood immunisations.

**Requires improvement**



# Summary of findings

- The practice's performance for cervical screening was comparable to the national average.
- Appointments were available outside of school hours.

## **Working age people (including those recently retired and students)**

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered timely care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a registers of patients living in vulnerable circumstances, for example homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

**Requires improvement**



# Summary of findings

- The percentage
- Performance for mental health related indicators for patients with schizophrenia, bipolar affective disorder and other psychoses was comparable with national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 02 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and four survey forms were distributed and 102 were returned. This gave a completion rate of 25%.

- 75% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).
- 60% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 68%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards, of which 26 were wholly

positive about the standard of care received. These patients commended clinical staff for their care and expertise, were satisfied with the cleanliness of the environment, and found it easy to make an appointment. They said staff were friendly and helpful. Two further comment cards added that the service had improved since their last visit. Six comment cards said the service had got worse or that there was room for improvement in the areas of booking an appointment and waiting to be seen. Two of these said this was because of the merger with another surgery.

We spoke with five patients during the inspection. All patients said they were happy with the care they received from the GP and that staff treated them with dignity, compassion and respect. Two of the patients said the premises were much improved following a refurbishment. Two patients said the service had taken a turn for the worse since the practice had taken on another practice's patients although one of these added that things were now getting better. One patient said there had been a lot of staff changes that they were still getting used to.

# The Manor Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to The Manor Practice

The Manor Practice is located in Leyton in the London Borough of Waltham Forest. It is one of the 44 member GP practices of NHS Waltham Forest CCG.

The practice serves a mixed population with 29% identifying themselves as White, 31% as Asian / Asian British and 28% as Black / African / Caribbean / Black British. The practice is located in the second more deprived decile of areas in England. At 79 years, male life expectancy is the same as the England average. At 83 years, female life expectancy is the same as the England average.

The practice has approximately 6,400 patients. Services are provided by The Manor Practice partnership under a General Medical Services (GMS) contract with NHS England. There have been recent changes in the GP partnership and Registered Manager, and the provider is in the process of amending its registration with CQC to reflect these changes. There were changes in other key personnel as well, including a new Practice Manager who will not be starting to work full time at the practice until 01 December 2015. They were currently working two days a week at the practice.

In June 2015 the provider entered into a further contract with NHS England to provide services on a caretaking basis

to an additional 5,000 patients approximately, following the closure of a neighbouring practice. Some of the practice management, administrative and reception staff from the neighbouring practice have transferred over to The Manor Practice also.

The practice is in a converted residential property and is not Disability Discrimination Act compliant. The provider has applied for an Improvement Grant with the backing of the CCG to upgrade and extend the premises. There are currently five consulting rooms in total. The practice is close to public transport and on street parking is available nearby.

When we first inspected the practice in February 2014 the practice was meeting standards in relation to Respecting and involving people who use services, Care and welfare of people who use services, Safeguarding people who use services from abuse, Supporting workers and Complaints. Improvements were required in relation to Cleanliness and infection control and Safety and suitability of premises.

We did a follow up inspection of the practice in September 2014. While improvements had been made some shortfalls still remained in relation to Cleanliness and infection control and Safety and suitability of premises.

At this inspection on 26 November 2015 shortfalls we had identified at previous inspections had been remedied. Other shortfalls were identified, however.

There are two GPs working full time at the practice, one male and one female. There are two long term locum GPs who between them make up 0.5 whole time equivalent (WTE) GP. Another 0.5 WTE GP is made up of agency locum GPs. There is one full time advanced nurse practitioner and two part time practice nurses who together make up one WTE practice nurse. There is a team of administrative and reception staff led by a practice manager and a head receptionist.

# Detailed findings

The practice's opening times are:

- 8.45am to 12.00pm and 2.00pm to 7.30pm on Monday, Tuesday, and Friday.
- 8.45am to 12.00pm and 2.00pm to 7.00pm on Wednesday.
- 8.45am to 12.00pm on Thursday.

Outside these hours patients were directed to an out of hours GP service.

GP clinic times are:

- 9.30am to 12.00pm, 2.00pm to 5.30pm, and 6.00pm to 7.30pm on Monday
- 9.30am to 12.00pm, 2.00pm to 6.00pm, and 6.00pm to 7.30pm on Tuesday.
- 9.00am to 12.00pm, 2.00pm to 5.30pm, and 6.00pm to 7.00pm on Wednesday.
- 9.30am to 12.00pm and 2.00pm to 5.30pm on Thursday.
- 9.00am to 12.00pm, 2.00pm to 5.30pm, and 6.00pm to 7.30pm on Friday.

The Manor Practice is registered with the Care Quality Commission to carry on the following regulated activities at 454 Lea Bridge Road, London E10 7DY: Diagnostic and screening and Treatment of disease, disorder or injury.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We also wanted to check that shortfalls we had identified at our inspection of The Manor Practice in September 2014 had been remedied.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 November 2015.

During our visit we:

- Spoke with a range of staff (GP, practice nurse, advanced nurse practitioner, practice manager, administrative and reception) and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed documentation the provider gave us about the operation, management and performance of the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

## Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the Practice Manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed incident reports where lessons were shared to make sure action was taken to improve safety in the practice. For example, additional checks were built into patient call arrangements, including date of birth and / or address, following an incident where a patient was mistaken for another patient with the same name.

Staff we spoke with demonstrated an open and transparent approach to significant events. The provider however did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with Regulation 20 Duty of Candour, a new CQC regulation applying to all providers from 01 April 2015.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs were trained to safeguarding children level 3.
- Notices in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and the new Practice Manager was in the process of completing Disclosure and Barring Service (DBS) checks for all staff who did not already have one. DBS checks identify

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- Most of the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The Advanced Nurse Practitioner was a qualified independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Arrangements were in place for monitoring the temperature of the medicines refrigerators. We saw that there had been some anomalous readings that had not been acted on. The Advanced Nurse Practitioner undertook to review the arrangements and provided additional training where necessary, and to provide assurance to the provider that the medicines were safe to use. Prescription pads were securely stored and there was a system for monitoring their use. The prescription register was not being completed however and the Practice Manager undertook to remedy this.

However, the following systems and processes to address risks were not implemented well enough to ensure patients were kept safe:

- We observed the premises to be clean and tidy. One of the GP Partners was the infection control clinical lead and an infection control policy and protocols were available to staff. Clinical waste was handled and disposed of appropriately and there were adequate supplies of personal protective equipment and single use items of kit. The practice had refurbished the consulting rooms to upgrade the floor and wall coverings and the sinks late 2014 / early 2015. However, there had not been an annual infection prevention and control audit since 2013 and not all staff had received infection control training relevant to their role.
- There were employment policies and checklists in place setting out the recruitment checks to be undertaken for new staff prior to employment, including locum staff, for

## Are services safe?

example proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service (DBS). We reviewed two personnel files and they did not contain all the information required to be held on record pertaining to these recruitment checks. The provider was carrying out DBS checks for all staff that did not currently have one.

### Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy poster on display, however it did not identify the local health and safety representative. The Practice Manager undertook to remedy this. A fire risk assessment for the premises could not be located, although there was an invoice for one dated 26 June 2015 and fire extinguishers had been serviced around that time. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had control of substances hazardous to health (COSHH) risk assessments in place to monitor safety of the premises. There was however no legionella risk assessment in place. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received basic life support update training.
- The practice had a defibrillator and oxygen available on the premises and a first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through training, professional development meetings, audits and outcomes monitoring.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published result was 95% of the total number of points available with 11% exception reporting (England averages 94% and 9% respectively). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF indicator but was an outlier for one Prescribing indicator. At 9% its percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was significantly higher than the England average of 4%. The practice provided GP care to two local nursing homes and these kinds of antibiotics were more often the most appropriate ones for these patients, however the practice continued to keep prescribing practice under review.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less

was 75% (national average 78%), and the percentage of these patients with a record of a foot examination and risk classification within the preceding 12 months was 90% (national average 88%).

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90 mmHg or less was similar to the national average (practice 79%, national average 84%).
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (national average 88%). The care of 98% of patients diagnosed with dementia was reviewed in a face-to-face meeting in the preceding 12 months (national average 84%).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the 12 months prior to the inspection. One of these was a completed audit where the improvements made were implemented and monitored. This audit looked at increasing the number of housebound diabetic patients having routine diabetic retinal screening (DRS). It showed that by working with the local DRS service the number had been increased from two in 2010 to nine in 2015.
- The practice participated in local audits around medicines management.
- Findings were used by the practice to improve services. For example, within the 12 months prior to our inspection, diabetic patients with reduced eGFR (a measure of kidney function) were reviewed to ensure they were on the correct dose of a drug called metformin, in line with NICE recommendations. Of the 32 patients identified, 30 were found to be on the correct dose and action was taken to correct the dose for two patients.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. It covered such areas as the practice



# Are services effective?

## (for example, treatment is effective)

rules and protocols, fire safety and security, personnel issues, and the new employee's individual duties. Newer members of staff told us they had received induction training on safeguarding, infection control, registering new patients and customer service and felt supported to get to grips with their new role.

- Staff completed role-specific training and updates, for example in relation to reviewing patients with long-term conditions, administering vaccinations, and taking samples for the cervical screening programme. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at professional development meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The GPs were up to date with their annual appraisals, however appraisals for other staff were overdue. The Practice Manager told us they would be getting the appraisal system and monthly one-to-one meetings for all staff up and running again when they came to work for the practice full time in December 2015.
- Staff had previously had access to appropriate training to meet their learning needs and to cover the scope of their work. For example one of the practice nurses was attending a course so that they would be able to issue repeat prescriptions for the contraceptive pill. Staff told us they were being supported through informal one-to-one meetings and clinical supervision. There was facilitation and support for revalidating GPs and practice nurses.
- Staff received training that included safeguarding and basic life support.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care plans, medical records and investigation and test results. However patients' notes sometimes lacked some detail, especially those of patients in the two nursing homes the practice cared for.

The practice had changed the electronic patient record system it used in September 2015. The new system included notes templates that made keeping comprehensive patient notes easier.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. It used the Special Patient Note tool to ensure relevant information was available to other services, for example about those with complex needs or receiving palliative care. The duty doctor carried a mobile phone so that district nurses for example could contact the practice easily. The practice acted on hospital discharge information to ensure patients were followed up appropriately.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice took part in fortnightly multi-disciplinary integrated care management (ICM) meetings where the needs of patients with complex needs were discussed and care plans were reviewed and updated. The ICM team also aimed to prevent avoidable admission to hospital.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to treatment was unclear the GP would work with the patient's carer to make a decision about treatment in the patient's best interest.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included housebound patients and those in the last 12 months of their lives. Patients were signposted to the relevant services.



# Are services effective?

(for example, treatment is effective)

- Also those requiring advice on their diet, and smoking and alcohol cessation. The practice provided dietary advice. Smoking cessation advice was available from local pharmacies.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. There was a policy to offer reminders and prompts for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 67% to 87% (68% to 87% for the CCG), and from 78% to 90% for vaccinations given to five year olds (64% to 87% for the CCG).

Flu vaccination rates for the over 65s were 66%, and 42% for at risk groups. These were comparable to the national averages of 73% and 47% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

Twenty six of the 36 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. These patients felt the practice offered an excellent service and staff were friendly and helpful. Those patients that were critical were concerned that it had got harder to book an appointment and that they waited longer to be seen.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 80%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 78, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).

- 95% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. All but one of the five patients we spoke with also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on this aspect of the service on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice was beginning to identify patients who were also carers and to set up a register. GPs directed carers to the various avenues of support available to them.

Staff told us that when a family suffered bereavement, their usual GP was available to see them and could refer them to bereavement support services if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, NHS England had granted it the contract to take on the patients of a neighbouring practice that had closed, and the practice had made a bid with the backing of the CCG for an Improvement Grant to extend the premises and improve access.

- The practice offered early evening appointments four days a week.
- There were longer appointments available, for example for patients with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Walk in appointments were available with an advanced nurse practitioner.
- Translation services were available.

### Access to the service

The practice's opening times were:

- 8.45am to 12.00pm and 2.00pm to 7.30pm on Monday, Tuesday, and Friday.
- 8.45am to 12.00pm and 2.00pm to 7.00pm on Wednesday.
- 8.45am to 12.00pm on Thursday.

GP clinic times are:

- 9.30am to 12.00pm, 2.00pm to 5.30pm, and 6.00pm to 7.30pm on Monday
- 9.30am to 12.00pm, 2.00pm to 6.00pm, and 6.00pm to 7.30pm on Tuesday.
- 9.00am to 12.00pm, 2.00pm to 5.30pm, and 6.00pm to 7.00pm on Wednesday.
- 9.30am to 12.00pm and 2.00pm to 5.30pm on Thursday.
- 9.00am to 12.00pm, 2.00pm to 5.30pm, and 6.00pm to 7.30pm on Friday.

In addition to pre-bookable appointments that could be booked online and up to six weeks in advance, urgent appointments were available every day for people that needed them and telephone consultations. The practice was also providing a walk in service every day with the Advanced Nurse Practitioner.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 74%.
- 75% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 40% patients said they always or almost always see or speak to the GP they prefer (CCG average 50%, national average 60%).

People told us on the day of the inspection they could get a urgent appointment when they needed one but that there may be a wait of up to two weeks if they wanted to see a particular GP. We had received some comments that getting an appointment was more difficult since the practice had joined with the neighbouring practice. To meet the increased demand the practice had increased the number of available GP appointments by adding a Thursday afternoon clinic and was providing a walk in service every day with the Advanced Nurse Practitioner.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the patient complaint form.

We looked at nine complaints received in the last 12 months and found complaints were dealt with in an open and usually timely way: there had been some delay in the transition from the previous Practice Manager to the new

# Are services responsive to people's needs?

(for example, to feedback?)

Practice Manager. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, changes were made to the

process for issuing repeat prescriptions following a complaint by a patient that they had been given another patient's prescription. The practice had also treated this as a significant event.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The Manor Practice had been through a period of substantial change. There had been changes in the GP partners, the ownership of the premises, the practice manager, and other administrative and reception personnel. In June 2015 the practice had taken on some 5,000 additional patients on a caretaking basis, and some of the staff of a neighbouring practice that had closed. Because of the circumstances of that closure most people working at The Manor Practice and its patients did not know about this until the day before the caretaking contract started.

The current GP Partners, new Practice Manager and the Advanced Nurse Practitioner (ANP) made up the new leadership team. Much of their efforts to date had been focussed on increasing capacity to meet the additional demand on the service. They had ideas for the future of the practice: developing the partnership, expanding the practice, extending the range of services on offer, and improving access, and the practice had agreed its aims going forward:

1. Provide safe and effective care to our patient population.
2. Prevent ill health, improve well being and provide services that improve local health outcomes by following agreed care pathways and using evidence based medical practice.
3. Listen to our patients and respond to their needs and concerns.
4. Deliver services that are responsible to the needs of our local communities and in line with the vision of our commissioners.
5. Ensure the efficient use of resources.
6. Continue to and improve access for our patients.
7. Provide services that are equitable, accessible and of high quality.
8. Value, support and motivate our practice team and encourage them to share in the practice aims and objectives while meeting their own personal and professional goals.

9. Continue to work collaboratively with NHS England, our local CCG and the CQC in order to provide the best possible evidence based treatment for our patients within Nice Guidelines.
10. Invest in the premises, IT/Telecoms and training in order to support the practice aims and objectives.
11. To respect our patient's right to confidentiality and offer a system of feedback and comment to strive for improvement.

The leadership team was developing strategy and business plans to achieve these aims. It had made a bid backing of the CCG for an Improvement Grant to extend the premises and improve access.

### Governance arrangements

The practice was developing an overarching governance framework to support the delivery of its aims and good quality care. The leadership team was:

- Setting out a new staffing structure and lines of accountability, and supporting staff to become confident in their roles and responsibilities within the new organisation.
- Reviewing and revising where necessary existing practice specific policies and devising new ones to ensure the policy framework was fit for purpose.
- Developing systems to maintain a comprehensive understanding of the performance of the practice as it changes and grows.
- Developing robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The leadership team had the experience to run the practice and promote high quality care. They prioritised safe, high quality and compassionate care and encouraged a culture of openness and honesty. They were visible in the practice.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice usually held practice meetings, but that there had not been one recently since the

# Are services well-led?

Requires improvement 

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

previous Practice Manager left. The new Practice Manager planned monthly practice meetings, weekly management team meetings and to formalise clinical meetings once they were fully in post in December 2015.

- Staff told us the whole team was beginning to come together well. New systems, for example the new patient record and telephone systems, were becoming embedded and making the operation of the practice easier. They told us providing services for the additional patients continued to be a challenge, but they were feeling better supported and less stressed and that things were beginning to settle down after what had been a very turbulent time.
- Staff said the GP Partners and the new management team were approachable and they were optimistic that the practice would continue to improve. They felt able to raise any issues and confident in doing so, and supported when they did. They felt respected and valued and able to engage in discussions about how to run the practice.

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

The practice encouraged and valued feedback from patients, the public and staff and was developing ways of getting this.

- The practice was gathering feedback from patients through patient feedback forms and complaints received. One of the suggestions being taken forward was the creation of storage space for pushchairs. A virtual patient participation group had been started in 2014-2015 and produced a report dated 10 March 2015 but had not been active since then.

The practice was gathering feedback from staff in ad hoc discussions, however regular staff meetings and the staff appraisal system were in abeyance pending the new practice manager taking up their role full time in December 2015. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management in the meantime.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. There were no fire and legionella risk assessments in place and there was no business continuity plan in place for major incidents. This was in breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Systems and processes were not in place to assess, monitor and improve the quality and safety of the services provided (including the quality of the experience of service users), nor to evaluate and improve their practice in respect of processing this information. There was a new leadership team and the governance arrangements were under review. The staff appraisal system and regular staff meetings were in abeyance. There was no active patient participation group. This was in breach of regulation 17(2)(a)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not preventing, detecting and controlling the spread of infections including those that are health related. An infection control audit of the practice had not been carried out in the 12 months prior to the inspection and not all staff had received infection control training relevant to their. This was in breach of regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The information specified in Schedule 3 was not available in relation to each person employed by the provider after 01 April 2013. Regulation 19.-(3)(a)