

Newhall Surgery

Inspection report

46-48 High Street
Newhall
Swadlincote
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Date of inspection visit: 6 December 2023
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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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Newhall Surgery on 6 December 2023. Overall, the practice is rated as requires improvement.

Safe – requires improvement

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - requires improvement

At our previous comprehensive inspection on 10 February 2016, we rated the practice as good in the safe, caring, responsive and well-led questions, and as good overall. We rated the practice as outstanding in effective due to evidence of innovative ways to engage with children which enabled attendance rates of 98% to 100%. Additionally, the practice proactively monitored and managed all reported patient falls impacting on the number of emergency hospital admissions for patients aged over 65.

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

Why we carried out this inspection.

We carried out this inspection due to our current inspection priorities. In this case, the practice was selected for inspection due to the length of time since our previous inspection.

How we carried out the inspection.

- An announced site visit.
- Conducting staff interviews using video conferencing prior to the site visit.
- Completing remote clinical searches on the practice’s patient records system and discussing findings with the provider (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 to be submitted electronically, and to review further evidence on site on the day of the inspection.
- Speaking with a member of the Patient Participation Group and a representative of a care home where the provider provided care and treatment.

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:

- There was strong evidence to support that the practice's most vulnerable patients, including those at end of life and those with known safeguarding concerns, received holistic and joined-up care to provide them with the care they required.
- There was a proactive approach to safeguard patients.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients views were listened to and used to influence developments.
- We saw that professional development was actively supported for clinicians. We also saw some examples where non-clinical staff had been supported to develop their role.
- Our remote clinical searches identified areas where the monitoring and review of patients being prescribed medicines required strengthening.
- The monitoring of patients with long-term conditions needed to be strengthened to support effective outcomes and the optimum management of their condition.
- We saw that the practice had established effective systems to support good governance arrangements. However, the practice had not identified, managed and responded to some long-standing risks, following a change in management.
- Staff felt disengaged with management, and ways to meaningfully improve this required further exploration.
- Although the practice had introduced a new telephone system in the summer of 2023, and had received positive feedback, more evidence was required to assess the longer-term impact on patient experience. The CQC recognises the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by patients' needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP National Patient Survey data or other sources of patient feedback.

We found a breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

In addition, the provide should:

- Fully consider staff feedback and develop an effective plan to respond to this, ensuring staff participation.
- Continue to develop sustainable improvements to improve patient experience regarding telephone access.
- Strengthen the process to provide assurance on the quality and safety of non-medical prescribing.
- Implement the proposed plan for the management of patients with a long-term condition to enhance monitoring arrangements and patient outcomes.
- Review confidentiality arrangements at the reception desk.
- Complete a risk assessment for historically appointed staff where there may be gaps in evidence to support safe recruitment.

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 CQC lead inspector who undertook a site visit on 6 December 2023, accompanied by a second CQC inspector. The inspection team also included a GP specialist advisor who spoke with a GP and clinical pharmacist using video conferencing facilities, and completed clinical searches and records reviews on 29 November 2023 without visiting the location.

Background to Newhall Surgery

Newhall Surgery is located in Swadlincote, Derby at:

46-48 High Street

Newhall

Swadlincote

Derbyshire

DE11 0HU

The provider is registered with the CQC as a partnership to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, and treatment of disease, disorder or injury.

The practice is situated within the Joined-Up Care Derbyshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a registered patient population of approximately 10,456 people. This is part of a contract held with NHS England.

The practice is part of the Swadlincote Primary Care Network (PCN), a wider network of 5 GP practices working collaboratively to deliver improved levels of care for patients, by connecting the primary healthcare team across the area with community and other service providers in their area.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 6th decile (6 out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97.7% of the registered patients, with estimates of 0.9% Asian, 0.2% Black, 1% mixed, and 0.1% other.

The clinical team consists of 3 GP partners, 5 salaried GPs, a clinical pharmacist, 2 nurse practitioners, and 1 practice nurse. There were also 2 GP registrars and 1 foundation-year 2 doctor working at the practice at the time of our inspection. The practice supports placements for medical students. The practice also directly employs a nurse associate and health and well-being coach as part of a primary care network initiative.

The clinical staff are supported by a practice manager, an operations manager, 3 management assistants, a care navigation team leader, a team of 12 care navigation, secretarial and administration staff, and 3 apprentices.

The practice also has access to a range of other staff and services across their Primary Care Network (PCN) including support from named paramedic, social prescriber, first contact physiotherapist, care coordinator, and mental health practitioner staff.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, face-to-face and telephone consultations, and advance-booked appointments. Home visits can be provided when these are required.

Patients can access additional pre-booked appointments through the PCN's extended access hub from 6.30pm to 8pm Monday to Friday, and on Saturday and Sunday mornings and bank holidays.

Out of hours services are provided by Derbyshire Health United (DHU).

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>In particular :</p> <ul style="list-style-type: none">• Our clinical searches identified that some patients who were prescribed medicines were not always receiving the necessary monitoring or follow-up recommended by guidance to keep them safe. Actions taken in response to medicine safety alerts needed to be documented in the records of any patients affected by the alert. <p>The provider had failed to ensure assessments of the risks to the health and safety of service users of receiving care or treatment were being carried out</p> <p>In particular:</p> <ul style="list-style-type: none">• Patient records did not always evidence that safety-netting advice had been provided in case there was a deterioration in their condition or presenting symptoms.• The system to monitor and act on incoming pathology results required strengthening.• Security arrangements for blank prescriptions required strengthening to ensure that their distribution throughout the practice could be clearly tracked.• There was some evidence of non-compliance with best practice in relation to infection prevention and control. The outcomes of infection prevention and control audits needed to be acted upon with evidence of follow-up actions being identified and completed in a timely manner.

This section is primarily information for the provider

Requirement notices

- Outcomes of health and safety related risk assessments, in particular fire, needed to be acted upon with evidence that recommended actions had been completed in a timely fashion.
- Infection prevention and control procedures required strengthening with respect to actioning findings identified by in-house audits.