

Newtown Medical Practice

Inspection report

Pemberton Primary Care Resource Centre
Sherwood Drive
Wigan
WN5 9QX
Tel: 01942481900
www.newtownmedicalpractice.nhs.uk

Date of inspection visit: 14 September 2022
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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?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Newtown Medical Practice on 14 September 2022. Overall, the practice is rated as **Requires Improvement**.

Safe – **Requires Improvement**

Effective – **Requires Improvement**

Caring – **Good**

Responsive – **Good**

Well-led – **Requires Improvement**

Following our previous inspection on 14 January 2016 the practice was rated Good overall and for all key questions:

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

Why we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

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 have rated this practice as Requires Improvement overall

We rated the practice as **Requires Improvement** for providing safe, effective and well-led services because:

- Safeguarding alerts were not consistently recorded on the patient record.
- The clinical record, when a high risk medication review or a review of patients with a long-term condition had taken place, was not always fully documented.
- There were limited processes for acting on safety alerts, in particular historic alerts, to minimise the risk if any patients not receiving the monitoring required for the medicines they are prescribed. This was highlighted through the clinical searches we undertook.
- There was a lack of effective governance systems, the practice could not demonstrate effective leadership and there were not clear and effective systems for managing risks, issues and performance.
- The practice did not have a formal audit plan in place.

We rated the practice good for providing caring and responsive services:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

We found two breaches of regulations. The provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- The practice should undertake its own inhouse patient survey/patient feedback exercises.
- Work towards improving levels of cervical screening.
- Introduce regular governance and clinical meetings and ensure they are minuted.

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 Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. 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 Newtown Medical Practice

Newtown Medical Practice is located in Wigan at:

Pemberton Primary Care Resource Centre

Sherwood Drive

Wigan

Greater Manchester

WN5 9QX

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

The practice delivers a General Medical Services contract (GMS) to a patient population of 6011 at the time of inspection. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices (Wigan Centre Primary Care Network (PCN)) and is part of the Wigan locality of the Greater Manchester Integrated Care Board.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 97% White and 3% Other. The majority of patients are within the 15 to 64 age group.

There is a team of four GPs (all male) who provide cover at the practice and two practice nurses. There are arrangements in place with a neighbouring practice if a patient requests to see a female GP. There is also a practice manager and supporting administration staff. The practice is supported from the Primary Care Network (PCN) by mental health practitioners and a psychiatrist, physiotherapist, care coordinator and two clinical pharmacists.

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, telephone consultations and advance appointments.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided through NHS 111. Additionally, patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

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 Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment.</p> <ul style="list-style-type: none">• The clinical searches we undertook prior to the site visit highlighted a number of patients who had not had the required checks and monitoring.• Safeguarding alerts were not consistently recorded on the patient record.• The clinical record, when a high risk medication review or a review of patients with a long-term condition had taken place, was not always fully documented.• There were limited processes for acting on safety alerts, in particular historic alerts, to minimise the risk if any patients not receiving the monitoring required for the medicines they are prescribed. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <ul style="list-style-type: none">• There was a lack of effective governance systems• The practice could not demonstrate effective leadership. There were not clear and effective systems for managing risks, issues and performance in place.• The practice did not have a formal audit plan in place and no two cycle clinical audits had been undertaken since the pandemic. |

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.