

Newington Road Surgery Limited

Inspection report

100 Newington Road
Ramsgate
CT12 6EW
Tel: 01843595951
www.newingtonroadsurgery.co.uk

Date of inspection visit: 18 and 21 February 2022
Date of publication: 11/05/2022

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection of Newington Road Surgery on 18 and 21 February 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective – Requires Improvement

Well-led – Inadequate

Following our previous inspection on 8 September 2020, the practice was rated Good overall, but Requires Improvement for the provision of well-led services.

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

Why we carried out this inspection

This inspection was a focused inspection to follow up on our previous inspection to ensure:

- Are services safe?
- Are services effective?
- Are services well-led?

CQC undertook this inspection at the same time as we inspected a range of urgent and emergency care services in Kent and Medway. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system-wide feedback.

How we carried out the inspection

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 facilities,
- 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 site visit.

Our findings

Overall summary

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 Inadequate overall

We found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Not all patients on high-risk medicines were appropriately monitored and safety alerts had not always been acted on.
- Risks to patients, staff and visitors were not always assessed, monitored or managed in an effective manner.
- Uptake of cervical screening was below target and three of the childhood immunisation indicators were below the minimum target.
- The way the practice was led and managed did not promote the delivery of high-quality, person-centred care.
- The governance systems had failed to ensure the management of safe care and treatment in relation to high-risk medicines monitoring, safety alerts and risk management practices.
- There were gaps in systems for reporting incidents and complaints, therefore learning and improvement when things went wrong were not effective.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. However, arrangements for access did not fully consider the needs of the vulnerable, in particular those who may be digitally excluded, as the door to the surgery was kept locked.

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 standard of care.

The provider **should**:

- Work towards registered staff including nurses completing level three safeguarding training for both adults and children.
- Improve the uptake of cervical screening.
- Improve the uptake of childhood immunisations.
- Develop a programme of quality improvement activity.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of

their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Overall summary

Special measures will give people who use the service the reassurance that the care they get should improve.

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

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 Newington Road Surgery Limited

Newington Road Surgery is located in Ramsgate in Kent at:

100 Newington Road

Ramsgate

Kent

CT12 6EW

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 is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 7,400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, operating within the Ramsgate Primary Care Network (PCN).

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 96% White, 1.6% Asian, 1.6% Mixed. The age distribution of the practice population closely mirrors the local and national averages.

There is a team of two GP partners and a regular locum GP. The practice has a team of two practice nurses who provide nurse-led clinics for long-term conditions, plus one healthcare assistant. Additional clinical staff include a paramedic practitioner and a pharmacist. The GPs are supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is invited for an appointment.

The practice does not provide out of hours care. Patients are advised to call the national 111 services for minor illness or injury, or emergency care centre.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <ul style="list-style-type: none">• The monitoring of patients on high risk medicines was not always in line with recommendations.• The provider was unable to evidence that patients received safe care and treatment in relation to the management of potential diabetes.• The provider was unable to evidence that patients received safe care and treatment in relation to monitoring and reviews of their long-term condition. In particular in relation to diabetes and thyroid treatment.• The provider was unable to evidence that safety alerts had been appropriately acted on.• Staff had not received training in identifying the deteriorating patient and sepsis.• Expected emergency medicines were not in place and there was no associated risk assessment for this. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 did not ensure effective systems were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular in relation to:</p> <ul style="list-style-type: none">• The management of infection control.• The management of fire safety.• The management of environmental health and safety.• The management of high risk medicines and safety alerts.

This section is primarily information for the provider

Enforcement actions

The provider did not ensure records relating to the management of the regulated activities were consistently maintained. In particular:

- Policies were not consistently maintained in line with relevant guidance.
- Not all incidents and complaints were recorded so that learning and improvement could be identified.

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