

Newtown Surgery

Inspection report

Health Care Resource Centre
Caldwell Road
Widnes
WA8 7GD
Tel: 01515115810
www.newtownsurgerywidnes.nhs.uk

Date of inspection visit: 16 September 2021
Date of publication: 18/10/2021

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		Good	
Are services safe?		Good	
Are services effective?		Good	
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 Surgery on 14 – 16th September 2021. Overall, the practice is rated as Good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Following our previous inspection on 4 March 2020, the practice was rated Requires Improvement overall and the key questions safe and well-led. Effective, caring and responsive key questions were rated Good.

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

Why we carried out this inspection

This was a focused inspection to:

- Inspect the key questions of safe, effective and well-led.
- Follow up on breaches of regulation 17 and 19 and areas where the provider should improve as identified in our previous inspection.

The key questions caring and responsive were not inspected and so the ratings of good have been carried forward from the previous inspection.

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
- 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

Overall summary

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.

We have rated this practice as Good overall and good for all population groups aside from working age people which was rated requires improvement because of poor uptake of cancer screening.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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 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.
- The overall governance arrangements were not always effective.

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

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

The areas where the provider should make improvements:

- Work with other health and social care professionals to regularly discuss safeguarding concerns for patients identified as being at risk.
- Formalise the system for reviewing the practice of clinical staff to ensure prescribing is appropriate
- Review the clinical leadership arrangements available to staff
- Fully document the process undertaken for patient medication reviews.
- Monitor the medicines prescribed by secondary care services.
- Review unplanned admissions and readmissions and take appropriate action.
- Improve the cervical screening uptake

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

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

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 Surgery

Newtown Surgery is located in Widnes at:

Health Care Resource Centre

Caldwell Road

Widnes

Cheshire

WA8 7GD

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

The practice is situated within the Halton Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of 7,200. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices and is a member of Widnes Primary Care Network.

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 97.9% White, 1% Mixed, 0.7% Asian, 0.2% Black and 0.2% Other. The age distribution of the practice population closely mirrors the local and national averages.

The practice is run by a GP sole provider who is supported by regular GP locums. The team also included two advanced nurse practitioners and one practice nurse. The clinical team was supported by a practice manager and a team of reception and administration staff.

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 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The provider did not have an effective system for managing and learning from incidents.</p> <p>The provider did not have an adequate quality improvement plan that identified a plan of clinical audit and learning from incidents to improve services for patients.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>