

Newbury Street Practice

Inspection report


The Health Centre
Mably Way
Wantage
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Date of inspection visit: 20 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

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 focused inspection at Newbury Street Practice on 20 September 2022. Overall, the provider is rated as inadequate.

We rated the following key questions as:

Safe - Inadequate

Effective - Inadequate

Caring - Good (rating carried forward from previous 2016 inspection)

Responsive - Good (rating carried forward from previous 2016 inspection)

Well-led - Requires improvement

Following our previous inspection in October 2016 the provider was rated good for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Newbury Street 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.

This was a focused inspection which included the key questions safe, effective and well-led and specific questions from responsive to find out whether patients could access services effectively and in a timely manner.

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 provider's patient records system (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.
- 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 provider inadequate for providing safe services because:

- Safe recruitment checks were not always carried out in line with provider policies.
- Staff immunisations were not monitored.
- Infection Prevention and Control audits were not carried out fully or acted upon.
- Infection Prevention and Control routine tasks were not completed in line with provider policies.
- There was no clear timeline for when the backlog in summarising patient records will be completed.
- There were gaps in the process for monitoring repeat medicines and structured medicines reviews.
- The system for managing and acting on Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts was not always effective.

We have rated this provider inadequate for providing effective services. This is because:

- Patients were not always regularly reviewed and updated in line with current guidance.
- The provider was not able to demonstrate they always obtained and recorded consent or carried out assessments on a patient's capacity to consent.

We have rated this provider requires improvement for providing well-led services. This is because:

- The overall governance structures in place were not always effective.
- The process for managing risks needed to be strengthened.
- The provider did not have systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic.

We also found that:

- Staff dealt with patients with kindness and respect.
- The provider had a strong focus on person centred care and preferred all patients to see their usual GP for continuity of care.
- There was a programme of quality improvement initiatives and a culture of continuous learning.
- The provider adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The provider recognised the importance of their Patient Participation Group and acted on suggestions.
- Leaders were approachable.
- Staff were supported to develop and progress within the provider if they wanted to.
- The provider was involved in some innovative projects and pilot schemes. For example, the provider website had a 'lifestyle medicine' section made up of short videos advising patients on how to make better lifestyle choices.
- The provider had worked with a local secondary school to look at the needs of young people and improve their access to services at the provider.

Overall summary

We found three 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.
- Ensure where appropriate, persons employed are registered with the relevant professional body.

In addition, the provider should:

- Improve the staff awareness of the Freedom to Speak Up Guardian.
- Improve the recording and sharing of information following a significant event.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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.

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

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 lead CQC inspector was supported by a second CQC inspector and a CQC inspection manager. The team also 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 Newbury Street Practice

Newbury Street Practice is located in Wantage at:

The Health Centre

Mably Way

Wantage

Oxfordshire

OX12 9BN

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 provider is situated within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and delivers General Medical Services (GMS) to a patient population of approximately 15,750. This is part of a contract held with NHS England.

The provider is part of a wider network of GP practices called a primary care network (PCN). The provider belongs to Wantage PCN.

Information published by Public Health England shows that deprivation within the provider population group is in the tenth decile (10 of 10). The lower the decile, the more deprived the provider population is relative to others.

According to the latest available data, the ethnic make-up of the provider area is 97% White, 1% Asian, 0.5% Black, 1% Mixed and 0.5% Other.

The age distribution of the provider population differs from the local and national averages. There are more older people registered at the provider at 22% of the patient list compared with the local average of 17.2% and a national average of 17.7%. There are fewer working age people registered at the provider at 58.3% of the patient list compared with 63.8% local mean average and a national average of 62.3%. The number of young people registered mirrors local and national averages at 19.7%.

The practice's clinical team was made up of one senior partner and three partners, five salaried GPs and locum GPs when needed. At the time of the inspection, there was a foundation doctor on a four-month placement at the practice who was employed by the local hospital Trust. The clinical team also consisted of a physician's associate, a lead nurse, four practice nurses and five healthcare assistants. The provider was also supported by a variety of reception and administration staff, IT lead, patient co-ordinators and prescription clerks. The practice manager and deputy practice manager provided managerial oversight. Wantage PCN shared staff including a paramedic, health and wellbeing coach, pharmacy technician and a community mental health worker.

The provider is open between 8.30am-6.30pm Monday to Friday. The provider offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided by Oxford Health Urgent Care Centre.

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care was not being provided to patients in a safe way. In particular:</p> <ul style="list-style-type: none">• The provider did not consistently complete routine infection prevention and control tasks in line with own policy.• The provider did not have a clear timeline for completing the backlog of new patient notes awaiting summarising which could lead to safety risks to patients.• The provider did not have an effective system to ensure all appropriate medical safety alerts were always acted upon.• The provider did not have an effective system in place to ensure vaccines were being stored appropriately and fridge temperatures were being checked and actions taken in line with own policy. <p>This was in breach of Regulation 12 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>How the regulation was not being met:</p> <p>Systems or processes were not operated effectively to enable the registered person 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:</p>

Requirement notices

- The provider did not have an effective system to ensure staff were safely recruited, were appropriately immunised, and had received an appropriate DBS check.
- The provider did not have an effective system to ensure patients were recalled for medication reviews and routine monitoring tests.
- The provider did not have an effective system in consistently completing Do Not Attempt Cardiopulmonary Resuscitation decisions to clearly show consent or complete a mental capacity act assessment and record a best interest decision.
- The provider did not have an effective process to ensure the completion of regular infection prevention and control audits to identify and act on any actions accordingly.
- The provider did not have a system to ensure the safe use and security of blank prescription stationery.

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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

How the regulation was not being met:

The provider employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. In particular:

- The provider did not have a process to check staff had appropriate and current registration with a professional regulator. The provider was not aware a nurse's registration with the Nursing and Midwifery Council had lapsed.

This was in breach of Regulation 19(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.