

The New Surgery

Inspection report

St Peters House
Church Yard
Tring
Hertfordshire
HP23 5AE

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Website: www.rothschildhousesurgery.co.uk

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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

Good



Are services safe?

Good



Overall summary

We carried out an announced comprehensive inspection at The New Surgery on 20 March 2019. Overall the practice was rated as good. However, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently, the practice was rated as requires improvement for providing safe services.

At the inspection on 20 March 2019, the provider was informed they must:

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

Additionally, the provider was informed they should:

- Adhere to the intercollegiate guidance on safeguarding competencies so that staff complete the appropriate level of safeguarding training for their roles.
- Consider the use of a data logger in the vaccine fridge.
- Continue to maintain an 80% attainment for women adequately screened for cervical cancer.
- Consider using a palliative care template to ensure consistent reporting of appropriate data sets for these patients.

The full comprehensive report on the March 2019 inspection can be found by selecting the 'all reports' link for The New Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 December 2019 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulation that we identified in our previous inspection on 20 March 2019. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

On this focused inspection we found that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good overall and good for providing safe services.

We found that:

- The practice had clear systems and processes to keep people safe. Staff completed safeguarding training at

the appropriate level for their roles. Staff vaccination was maintained in line with Public Health England (PHE) guidance and appropriate records were available to demonstrate this.

- Staff had the information they needed to deliver safe care and treatment. There was a comprehensive process in place to code, monitor, and respond to instances of 'was not brought' children. The process was well documented and adhered to. Pre-diabetic patients were appropriately identified and coded. Patients who chose to participate were referred to the national diabetes prevention programme.
- The practice had systems for the appropriate and safe use of medicines. Blank prescription forms were securely stored and monitored at all times. A process was in place and adhered to for all nurses to sign their review and understanding of Patient Group Directions (PGDs). Data loggers were used to effectively monitor and record fridge temperatures and alert staff to any discrepancies. A process was in place and adhered to for recording the completion of patients' medicine reviews. At the time of our inspection, 83% of reviews had been completed. Information about medicines prescribed to patients on a repeat basis in secondary care (hospital) were available to and accessed by GPs at the practice. The GPs had sight of secondary care monitoring results for patients prescribed high-risk medicines. They used this information to complete the appropriate clinical review of these patients before prescribing their medicines.
- The system for recording and acting on safety alerts was sufficient. Medicines and Healthcare products Regulatory Agency (MHRA) alerts were appropriately received, reviewed and discussed at the practice. Action was taken in response to the alerts received and this was well documented.
- During our March 2019 inspection, Public Health England (PHE) data for the year April 2017 to March 2018 showed the percentage of women at the practice eligible for cervical screening at a given point in time and who were screened adequately within a specified period was 75.5%. This did not meet the 80% national programme standard. We found a comprehensive process was in place at the practice to encourage women to attend for their cervical screening test. The practice's own unverified data showed 80% of eligible patients had attended for a cervical screening test. During this inspection, the practice's own unverified

Overall summary

data for December 2019 showed they had continued to meet the national programme standard and 80% of eligible patients aged between 25 and 49 years, and 83% of eligible patients aged between 50 and 64 years were adequately screened within a specified period.

- At our last inspection we found that end of life care was delivered in a coordinated way. These patients' needs were routinely clinically discussed, and their care plans were well maintained, reviewed, and updated. GPs at the practice didn't use a palliative care template to ensure consistent reporting of appropriate data sets for these patients. During this inspection, we saw the practice had developed and implemented its own

palliative care template. These were reviewed and updated for each relevant patient at well attended multi-disciplinary team meetings. The examples we looked at were well completed and demonstrated a structured and consistent approach in the clinical management of these patients.

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

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to The New Surgery

The New Surgery provides a range of primary medical services from its premises at St Peters House, Church Yard, Tring, Hertfordshire, HP23 5AE. The contract is run and services are provided by Rothschild House Surgery, Chapel Street, Tring, Hertfordshire, HP23 6PU.

The practice is part of the Dacorum Healthcare Providers GP Federation. The practice is in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients).

The provider is registered with CQC to deliver five Regulated Activities at The New Surgery. These are: diagnostic and screening procedures; maternity and midwifery services; family planning services; surgical procedures and treatment of disease, disorder or injury. Services are provided on an Alternative Provider Medical Services (APMS) contract (a locally agreed contract between Clinical Commissioning Groups and GP practices) to approximately 2,524 patients. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The New Surgery is one of two GP practices in Tring. The practice is within the Hertfordshire local authority and is one of 59 practices serving the NHS Herts Valleys Clinical Commissioning Group (CCG).

The practice team consists of one female GP partner and two salaried GPs; one male and one female. There are two practice nurses, two healthcare assistants, a practice manager and four reception and administration staff.

The practice serves a lower than average population of those aged under 18 years. There is a higher than average population of those aged from 65 to 85 years. The practice population is predominantly white British and has a Black and minority ethnic (BME) population of approximately 3.5% (2011 census). Information published by Public Health England rates the level of deprivation within the practice population as 10. This is measured on a scale of one to 10, where level one represents the highest levels of deprivation and level 10 the lowest.

An out of hours service for when the practice is closed is provided by Bucks Urgent Care and can be accessed via the NHS 111 service.