

The New Surgery

Inspection report

St Peters House
Church Yard
Tring
Hertfordshire
HP23 5AE

Tel: 01442 890661

Website: www.rothschildhousesurgery.co.uk

Date of inspection visit: 20 March 2019

Date of publication: 07/05/2019

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at The New Surgery on 20 March 2019 as part of our inspection programme.

We based our judgement of the quality of care provided at this service on a combination of:

- What we found when we inspected;
- Information from our ongoing monitoring of data about services;
- Information from the provider, patients, the public and other organisations.

We rated the practice as good overall and good for all population groups.

We rated the practice as requires improvement for providing safe services because:

- The practice's systems and processes to keep people safe were not always comprehensive.
- Staff did not always have the information they needed to deliver safe care and treatment.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation were insufficient.
- The practice did not have an appropriate system in place for recording and acting on safety alerts.

Please see the final section of this report for specific details of our concerns.

We rated the practice as good for providing effective, caring, responsive and well-led services because:

- Patients received effective care and treatment that met their needs. The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff involved patients in their care and treatment decisions and treated them with kindness, dignity and respect.

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high quality, person-centred care and an inclusive, supportive environment for staff. There was a focus on continuous learning and improvement at all levels of the organisation. Where we identified any concerns during our inspection, the practice took action to respond or plans of action were developed to ensure any issues were resolved.

The area where the provider must make improvements is:

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

Please see the final section of this report for specific details of the action we require the provider to take.

The areas where the provider should make improvements are:

- 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

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)	Good 
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 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 also in the early stages of participating 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 2,311 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 62 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. A second varying GP partner from the provider's main practice provides one session a week from The New Surgery.

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.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Staff vaccination was not maintained in line with current Public Health England (PHE) guidance. Records did not always demonstrate if positive antibody tests or history of infection (where permissible) had been provided for staff without the required vaccinations.• Of two 'was not brought' children, one had been miscoded on the patient record system. There was no record of the practice's response to that event.• Twenty-four of the 31 pre-diabetic patients were not appropriately coded. Consequently, they were not referred to the national diabetes prevention programme.• There was no process in place for the practice to assure itself all Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received, reviewed and discussed and that the appropriate action was taken in response to the alerts. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Blank prescription forms were not always stored securely.• Not all appropriate staff had signed their review and understanding of Patient Group Directions (PGDs) at the practice.• The process to record the completion of patient medicine reviews was insufficiently adhered to.• Medicines prescribed to patients on a repeat basis in secondary care (hospital) were not always listed on the
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Requirement notices

repeat prescription templates used by GPs at the practice. GPs were not alerted to all the medicines prescribed to patients when providing care and consultation to them.

- The GPs did not have sight of the secondary care monitoring results for two of the 39 patients on any one of four different types of high risk medicines. Appropriate clinical reviews were not completed for these patients before their medicines were prescribed.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.