

Newtown Surgery

Inspection report

Health Care Resource Centre
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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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Newtown Surgery on 4 March 2020 as part of our inspection programme.

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 received 33 CQC feedback cards given to patients before and during the inspection. The majority of comments made by patients were positive about the services provided and the practice staff.

We have rated this practice as requires improvement overall.

We rated the service as requires improvement for providing safe and well-led services because:

- The provider did not follow recruitment processes to meet requirements for all staff. The practice did not have clear and effective processes for managing all risks, issues and performance.

We rated the service as good for providing effective, caring and responsive services because:

- 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 organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

The area where the provider must make improvements:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure all systems and processes are effective to minimise risks to service users and staff.

(Please see the specific details on action required at the end of this report).

The areas where the provider should make improvements:

- Review and update policies to ensure they contain all the information required to support staff in their roles.
- Work with other health and social care professionals to regularly discuss safeguarding concerns for patients identified as being at risk.
- Continue to review and monitor the clinical performance data that falls below the Clinical Commissioning Group (CCG) and national averages.
- Review unplanned admissions and readmissions and take appropriate action.
- Establish practice and clinical meetings for opportunities to engage and communicate with staff formally.
- Include all information regarding complaints and concerns in the practice policy and documentation for patients.

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	Requires improvement 
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 comprised of a CQC lead inspector and a GP specialist advisor.

Background to Newtown Surgery

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

Newtown Surgery is part of Halton clinical commissioning group (CCG) and provides services to approximately 7,300 patients under the terms of a primary medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There is one GP partner who is supported by five regular GP locums. The team also included an advanced nurse practitioner, one practice nurse, regular locum practice nurses, a practice manager and a team of reception and administration staff. The practice is part a wider network of GP practices.

Information published by Public Health England rates the level of deprivation within the practice population group at two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 76.4 years which was lower than the national average of 79.3 years. Female life expectancy is 80.2 years which as lower than the national average of 83.2 years.

The practice is open Monday to Friday 8am to 6.30pm with extended hours appointments offered until 7:30pm on Wednesday evenings. When the practice is closed patients can access the out of hours provider, Primary Care 24 (PC24).

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

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

Regulation

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

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons

How the regulation was not being met

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular:

Full recruitment checks had not taken place for all staff members including disclosure and barring service checks or references.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

A comprehensive system was not in place to ensure that the Patient Group Directives (PGD) were appropriately authorised.

Risk assessments did not consider all potential risks and therefore action to address or mitigate these risks was not clearly outlined for staff.