

# Newtown Surgery

## Inspection report

Health Care Resource Centre  
Caldwell Road  
Widnes  
WA8 7GD  
Tel: 01515115810  
[www.newtownsurgerywidnes.nhs.uk](http://www.newtownsurgerywidnes.nhs.uk)

Date of inspection visit: Not applicable  
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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	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Overall summary

We carried out an announced focused inspection at Newtown Surgery on 26 July 2022.

Overall, the practice is rated as Good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led – Good

Following our previous inspection on 16 September 2021, the practice was rated Good overall and requires improvement for providing well-led services. At this inspection we carried over the ratings from the previous inspection for the Safe, Effective, Caring and Responsive domains. This inspection focused on the breaches of regulation in the Well-led domain.

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](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused follow-up of information without undertaking a site visit to follow up on:

- The breaches of regulation from the inspection on 16 September 2021.
- The areas identified where the provider should make improvements from the inspection on 16 September 2021.

## 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
- Requesting evidence from the provider

## Our findings

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

# Overall summary

- 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**

We found that:

- The provider had made improvements to the service since the last inspection.
- Significant events were recorded and actions identified to make changes where needed.
- Audits had been carried out and a 12 month programme was in place.
- The systems for monitoring patient medication had been revised and a full-time pharmacist was now employed.
- A system had been put in place to review prescribing by non-medical prescribers.
- A deputy practice manager had been employed since the last inspection to assist with the operation of the service.
- Clinical meetings were continuing to not take place on a regular basis. The provider told us how they were addressing this.
- The uptake of cervical screening remained below the England average 80% target. The provider was continuing to take action to address this.
- The arrangements for clinical leadership had been revised but were not formally documented.
- The provider was liaising with other health and social care professionals to discuss safeguarding concerns however formal meetings were not taking place.
- The provider reviewed children identified as being at risk in-house but this was not recorded.

Whilst we found no breaches of Regulations, the provider **should**:

- Work with other health and social care professionals to regularly discuss safeguarding concerns for patients identified as being at risk.
- Make a record of the in-house reviews undertaken of children identified as at risk.
- Improve the cervical screening uptake.
- Carry out a review of significant events to identify any patterns or trends.
- Formally document the leadership arrangements in place when the provider is absent and how the provider oversees the service when not on-site.
- Put in place a plan for the development of the service to better meet the needs of patients and staff that has been developed following consultation with them.
- Ensure regular clinical meetings take place.

**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

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities.

## 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 NHS Cheshire and Merseyside and delivers Personal Medical Services (PMS) to a patient population of 6,997. 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, a mental health nurse (one advanced nurse practitioner and the mental health nurse are employed by the Primary Care Network) and a practice nurse. The clinical team is supported by a practice manager, deputy practice manager and a team of reception and administration staff.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Out of hours primary medical services are accessed by calling NHS 111.