

Newington Road Surgery Limited

Inspection report

100 Newington Road Ramsgate CT12 6EW Tel: 01843595951 www.newingtonroadsurgery.co.uk

Date of inspection visit: 17 November 2022 Date of publication: 06/01/2023

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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at **Newington Road Surgery Limited** between 14 and 17 November 2022. Overall, the practice is rated as requires improvement.

Safe-good

Effective - good

Caring - good

Responsive - requires improvement

Well-led - requires improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for Newington Road Surgery Limited on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up on breaches of regulation from our previous inspection.

Following our previous inspection in February 2022 the practice was rated inadequate and placed into special measures. We took enforcement action against the provider. We issued two warning notes for breaches of Regulation 12: Safe care and treatment, and Regulation 17: Good governance.

This inspection was comprehensive inspection and we included all key lines of enquiry.

How we carried out the inspection.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing facilities.
- Completing clinical searches on the practice'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.

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.
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Overall summary

We found that:

- There had been significant improvements to the practice since the previous inspection.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- However, there were some issues with the frequency of monitoring of emergency equipment and vaccines' fridge monitoring. These issues were rectified during the course of the inspection.
- Our clinical searches indicated that 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.
- Staff reported a positive culture and they felt able to raise concerns.
- Improvements to leadership resources and governance had led to better processes for delivering services.
- Patient feedback was poor regarding accessing services and appointments.
- Staff received training. However, appraisals were still in the process of being completed and there were some staff whose training uptake was not assured by the practice (staff who were not directly employed by the practice).
- The premises were well maintained and safe for patients and staff.

We found one breach of regulations. The provider **must**:

• Ensure systems and processes of governance are established and operated effectively.

In addition the provider **should**:

- Complete appraisals where required by staff.
- Continue to identify potential means of improving cervical screening and child immunisations uptake.

Due to the improvements since our last inspection in February 2022, I am removing this practice from Special Measures.

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

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, requested and reviewed evidence supplied by the practice and undertook a site visit. The team 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 Newington Road Surgery Limited

Newington Road Surgery is located in Ramsgate in Kent at:

100 Newington Road,

Ramsgate,

Kent,

CT12 6FW

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 practice is situated within the NHS Kent and Medway Integrated Care Board (ICB) with a patient population of approximately 7,400. The practice is part of a wider network of GP practices, operating within the Ramsgate Primary Care Network (PCN). Information published by UK Health and Security Agency 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 96% White, 1.6% Asian, 1.6% Mixed. The age distribution of the practice population closely mirrors the local and national averages.

There is a clinical team of two GPs and a practice nurse. The PCN provides pharmacy staff and other health professionals. The clinical team are supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight.

There is a new leadership team who took control of the day to day running of the practice in October 2022. This team includes clinical leadership and support and non-clinical management for the practice. The new team have implemented new governance structures and provided staff with new tools to support improvements in care and services. Two new members of nursing staff were in the process of being recruited at the time of inspection. The practice was also aiming to recruit an additional GP.

The practice does not provide out of hours care. Patients are advised to call the national 111 services for minor illness or injury, or emergency care centre.

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	Regulation 17 HSCA (RA) Regulations 2014 Good
Family planning services	governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	Systems or processes were not always established and operated effectively, specifically:
	 Systems to manage medicines and equipment were not always effective. The monitoring of training and staff background checks did not provide assurances that all staff were appropriately skilled, fit to work with service users and competent. Patient feedback was not being used to identify improvements in the quality of services. Learning disability health checks were not in place for patients who require them. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.