

# Newquay Health Centre

## Inspection report

The Health Centre  
St Thomas Road  
Newquay  
TR7 1RU  
Tel: 01637850002  
[www.newquayhealthcentre.co.uk](http://www.newquayhealthcentre.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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Newquay Health Centre on 7 and 9 December 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Following our previous inspection on 1 December 2017 the practice was rated Good overall and Good for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Newquay Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused inspection incorporating remote searches, interviews of staff and a site visit.

- The ratings for Caring and Responsive were carried forward from the previous inspection.

## 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
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Conducting an interview with a Patient Participation Group member
- A pre-site visit staff questionnaire

## Our findings

# Overall summary

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 have rated this practice as Requires Improvement overall. We rated Safe and Well Led as Requires Improvement because we found:**

- Some staff recruitment records were incomplete or not up to date.
- There was no evidence of Infection Prevention and Control audits having been completed since 2019.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not have a reliable system in place to ensure the security and tracking of blank prescriptions and this was not in line with national guidance.
- Recent actions implemented by the senior leadership team provided assurance of the provider's oversight of risks and awareness of key issues requiring improvement. However, due to the team being newly re-organised, they needed time to demonstrate a clear understanding of accountabilities and that new processes were embedded with lasting improvements.
- Clinical governance systems, including oversight of medicines management specifically blank prescription stationary, adherence to recruitment and induction procedures and health and safety risk assessments were not fully effective due to the fact they needed further time to fully embed.
- Staffing at Newquay Health Centre was potentially vulnerable due to the impact of staff shortages, unexpected absences and recruitment challenges.
- People did not always receive a timely apology when something went wrong and were not consistently told about any actions taken to improve processes to prevent the same happening again.

**We have rated the practice as Good for providing Effective services because:**

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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 adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. 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-centre care.

We found breaches of regulations, the provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure specified information is available regarding each person employed

The area where the provider **should** make improvements is:

- Implement regular infection prevention and control (IPC) audits to ensure measures are effective and embedded.

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

# Overall summary

**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, and two other CQC Inspectors who spoke with staff using video conferencing facilities 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 Newquay Health Centre

Newquay Health Centre is located in the town of Newquay Cornwall at:

The Health Centre

St Thomas Road

Newquay

TR7 1RU

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 the Kernow Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 16,863. This is a contract between general practices and NHS England for delivering services to the local community. The practice has had an increase of 400 patients since our inspection in December 2017.

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (five of 10). The lower the decile, the more deprived the practice population is relative to others.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of 14 GPs at the practice comprising of nine partners and five salaried GPs. The practice team also consisted of an advanced nurse practitioner, practice nurses, healthcare assistants and a clinical pharmacist. The clinical team are supported by a management team, reception and administration staff.

Patients using the service also have access to community staff including community matron, district nurses, health visitors and counsellors.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments have been via telephone consultations. If a clinician decides a patient requires a face-to-face appointment or a patient prefers a face-to-face appointment, then an appointment is made.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered Monday to Thursday 6.30pm – 8pm.

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 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Assessments of the risks to the health and safety of service users of receiving care and treatment were not being carried out. In particular:</b></p> <ul style="list-style-type: none"><li>• Systems and processes to support fire safety had not been implemented effectively as the provider did not have an effective fire risk assessment or evacuation plan in place</li><li>• The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper, when they were distributed through the practice</li><li>• The practice was unable to provide evidence of ongoing adherence to health and safety policy or management of and reduction of potential risks to patients and staff</li></ul> <p><b>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</b></p> <ul style="list-style-type: none"><li>• The practice was not able to demonstrate that there was a record of infection prevention and control audits.</li></ul> <p><b>This was in breach of Regulation 12 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that operated ineffectively in that they failed to</b></p>

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

**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.**

- The practice governance frameworks were less effective in supporting the delivery of the strategy and good quality care. Whilst staff assessed patients' needs, the practice did not have a robust risk management system with which to identify and mitigate all potential risks in a timely way.
- The practice could not evidence that all staff received an induction programme to ensure they were supported and competent to carry out their role
- The practice did not have policies and procedures for some areas of governance. Not all policies and procedures were up to date or reviewed annually.
- The provider did not have a risk register or risk management system to record the management or mitigation of risks
- The provider did not have an effective oversight of complaints. There was not a comprehensive system to record complaints received. There was limited evidence of what actions had been taken in response to complaints and what learning had been shared. There was no information in the reception area advising patients on how to make a complaint.

**This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

### Regulated activity

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

### Regulation

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

**The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:**

## Requirement notices

- The practice had not obtained information as required under Schedule 3 of the Health and Social Care Act 2008 for any of the staff recruited since 2020 including Locum GPs regularly used at the practice.
- A clinician who had been recruited in December 2020 did not have any evidence within the staff file of written references, Disclosure and Barring Service (DBS) check, qualifications, Identification, training certificates or registration checks. However, when we spoke with the staff member, they confirmed the checks had been completed.

**This was in breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**