

Newgate Medical Group

Inspection report

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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 effective?

Requires improvement



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced focused inspection at Newgate Medical Group on 24 July 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Are services effective?
- Are services responsive?
- Are services well led?

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 the practice as **requires improvement** for providing effective services because:

- The practice was unable to show that clinical staff had the skills, knowledge and experience to carry out their roles due to lack of records.
- Some performance data was below local and national averages.

We rated the practice as **requires improvement** for providing well-led services because:

- The overall governance arrangements were not always effective due to lack of management oversight of recruitment and clinical staff training.
- The practice did not have clear and effective processes for managing risks relating to recruitment.

We rated the practice as **good** for providing responsive services because:

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

These areas affected all population groups so we rated all population groups as **requires improvement**.

We saw several areas of outstanding practice:

- **Diabetes Care** - The lead nurse had experience as a lecturer in the diabetic programme for people with type 2 diabetes and offered borderline diabetics one-hour educational sessions in the practice. The health care assistant (HCA) provided home visits one day per week to complete health checks and completed ECGs and flu vaccinations during these visits. The practice had identified that patients' foot pulses were no longer recorded by community staff and the HCA was now completing this task for diabetic patients during the home visits.
- **Mental health** - The practice had identified the need for teenage mental health counselling and had developed a service to support this. They had employed two counsellors one who worked in practice and one who worked in a local school. An audit showed a progressive reduction in referral to secondary care services and an increase in acceptance of referrals made to these services showing evidence of more appropriate referrals.
- **Communication and meeting patients needs** - The practice patient population was 8% Polish. The practice had employed reception staff who could speak Polish to improve communication with these patients. The practice had obtained a wide variety of easy read information leaflets and communication aids including aids to assist clinicians in consultations and reception staff. They had a dedicated member of staff who supported patients with learning disabilities and their carers to access the service which had enabled them to build a good knowledge of each patient's individual needs. Annual reviews were arranged to meet these patients' needs to ensure engagement with the process. For example, GPs visiting day care facilities.

The areas where the provider **must** make improvements are:

- Ensure persons employed in the provision of the regulated activity receive the appropriate training and professional development necessary to enable them to carry out the duties.
- Ensure specified information is available regarding each person employed.

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

The areas where the provider **should** make improvements are:

Overall summary

- Review and improve blood pressure monitoring for patients with hypertension.
- Review and improve uptake for childhood immunisations for children aged 2 years.

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	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Newgate Medical Group

Newgate Medical Group is located in a purpose-built surgery in Worksop town centre. The practice is undergoing a major refurbishment and extension programme.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, and treatment of disease, disorder or injury.

The practice provides Personal Medical Services (PMS) for 30,453 patients within the Bassetlaw clinical commissioning group (CCG) area. The practice is part of a local primary care network (PCN) providing extended hours.

The practice has 13 GP partners, seven male and six female. They are supported by a clinical team of a male physician associate, a clinical pharmacist, five advanced nurse practitioners, two male and three female, seven female practice nurses, including a nurse manager, and three female healthcare assistants. There is a general

manager supported by a team of six managers including a data quality manager, nurse manager and buildings manager. There are extensive administrative and reception teams.

The practice catchment area is classed as being within one of the more deprived areas in England. The practice scored four on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 97% white, 1.3% Asian, 0.5% black, and 1% mixed and 0.2% other non-white ethnicities. The practice told us 8% of their practice population was Polish. Average life expectancy is 78 years for men and 82 years for women compared to the national average of 79 and 83 years respectively. The general practice profile shows that 60% of patients registered at the practice have a long-standing health condition, compared to 58% locally and 51% nationally.

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 Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training and professional development, as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• The provider was unable to evidence clinical staff had the skills, knowledge and experience to carry out their roles due to lack of available records.• The provider was unable to evidence they had monitored clinical staff had received all the training and updates relevant to their role. <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met...</p> <p>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:</p> <ul style="list-style-type: none">• Records were not available for one member of clinical staff to evidence good conduct in previous employment.• A DBS certificate had not been obtained for one member of administrative staff and a risk assessment to support this had not been completed.

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Requirement notices

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