

The New Surgery

Quality Report

8 Shenfield Road,
Brentwood,
Essex
CM15 8AB

Tel: 01277 218393

Website: www.thenewsurgery-brentwood.co.uk

Date of inspection visit: 22 July 2016

Date of publication: 10/08/2016

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 service

Good 

Are services effective?

Good 

Are services responsive to people's needs?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to The New Surgery	4
Why we carried out this inspection	4

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk top review of The New Surgery on 22 July 2016. This was to check the practice had responded appropriately the findings of their announced comprehensive inspection conducted on 20 January 2016. At this inspection the practice was rated as good overall, good for safe, effective, caring and well led domains. The responsive domain was rated as requires improvement.

During our last inspection we required the provider to ensure that all complaints received were fully investigated. Patients were also required to be provided with information as to how they could escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled. We issued the practice with a requirement notice for improvement in relation to their complaints system.

Additionally, they were asked to review the arrangements for obtaining patient consent. It was required to reflect staff responsibilities for determining who holds parental responsibilities when children are treated. We did not issue a requirement notice for this area of improvement but advised the practice that they should make improvements in relation to providing effective services.

After the inspection report was published the provider sent us an action plan that detailed how they would

make the necessary improvements. We were the provided documentary evidence of the improvements they had made and we were able to carry out a desk top inspection without the need to visit the practice.

During this desk top inspection, we reviewed two complaints that had been reported since February 2016. We found both complaints had been acknowledged, investigated and responded to appropriately with all aspects addressed. The complainants had also been informed of how to escalate concerns if they were dissatisfied with the outcome of the practices findings.

We found the practice had revised their consent policy. It has been shared with staff who had confirmed they had read and understood it. Where children were brought to the surgery by a person without parental responsibility, a signed consent form was taken from somebody with parental responsibility before care and treatment was provided. Parents were also required to present the Child Immunisation History (Red Book) and letter of invite for their children's immunisations in order to evidence that they had parental responsibility for the child concerned.

Overall, we found that the practice had made the necessary improvements required of them.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services effective?

The practice had revised their consent policy since their inspection 20 January 2016. We found it stated staff responsibilities in determining who holds parental responsibility for a child when receiving treatment. Staff had confirmed they had read and understood them.

Good



Are services responsive to people's needs?

During the January 2016 inspection of the practice we found the practice had not always responded to in full and complainants were not advised of how they could escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.

We reviewed two complaints and found they had been appropriately acknowledged, investigated and fully responded to. The complainants were invited to attend the surgery in person to discuss concerns and advised of how they may escalate concerns if dissatisfied with their findings.

Good



The New Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was conducted as a desk top review by a CQC inspector.

Background to The New Surgery

The New Surgery is located in purpose built premises on the Shenfield Road in a predominantly residential area in Brentwood, Essex. The practice provides services for 13803 patients. The practice also has a branch surgery located at Geary Drive, Brentwood. We did not visit the branch surgery as part of this inspection.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Basildon and Brentwood Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 65 years. Economic deprivation levels affecting children, older people are lower than the practice average across England. Life expectancy for men and women are similar to the national averages. The practice patient list is lower than the national average for long standing health conditions. It has a higher than the national averages for working aged people in employment or full time education lower numbers of working age people that are unemployed.

The practice is managed by eight GP partners who hold financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice employs one salaried GP. In total four male and four female GPs work at the practice.

Two nurse practitioners, four practice nurses and one healthcare assistant work at the practice. In addition the practice employs a management team including a practice manager and a team of receptionists, medical secretaries, administrators and prescribing clerks.

The New Surgery is a fully accredited training practice for the East of England Deanery. This means that the practice has a GP Registrar who is a fully qualified doctor who is undertaking GP training in the practice.

The practice is open between 8am and 6pm on weekdays. GP and nurse appointments are available in the morning between 8.30am and 12.20pm. Afternoon appointments are available between 2.30pm and 5.45pm daily. Telephone triage and consultations are available throughout the day.

Pre-booked GP and nurse appointments are available between 8.30am and 12pm on Saturdays.

The branch surgery is open between 8am and 6pm on Mondays, Tuesdays and Thursdays. Appointments are available between 8.30am and 12.20pm and between 2.30pm and 5.45pm.

Detailed findings

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We conducted a follow up inspection of The New Surgery as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service

under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

The practice had revised their consent policy following their earlier inspection in January 2016. During that inspection we had found some staff lacked sufficient awareness of their responsibilities in determining who held parental responsibility for a child when obtaining consent for their treatment.

We saw the policy had been revised and appropriately stated staff responsibilities. The policy had been shared

with the staff who had confirmed they had read and understood it. Where children were brought to the surgery by a person without parental responsibility, the practice required a signed consent form to be obtained from somebody with parental responsibility prior to the child receiving care and treatment.

Parents were also asked to present with Child Immunisation History (Red Book) and letter of invite when they attend for their children's immunisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system. It clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied.

In January we had found complaints were not always responded to in full and complainants were not advised of how they could escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.

We reviewed a sample (two) of the complaints received by the practice since February 2016. We saw that both had been acknowledged, investigated and responded to appropriately. An apology was given for any upset and inconvenience caused to the patient. Where concerns related to clinical assessments or treatment the appropriate clinician was consulted. We checked that all aspects of the complaint had been answered sufficiently. The practice also invited the complainants to meet and speak with the practice management and clinical team at a convenient time to them.

We saw that the practice had informed both complainants of how they may escalate their concerns should they remain dissatisfied with the outcome, providing details of The Parliamentary and Health Ombudsman. The practice told us they continued to discuss complaints at the various staff meetings and share learning to support improvements.