

Dr Anthony Newman

Inspection report

Family Medical Services
36 Parkstone Road
Poole
Dorset
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Date of inspection visit: 22 January 2019
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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?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Dr Anthony Newman on 22 January 2019.

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 rated the practice as **Requires Improvement** for providing **well-led** services because:

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for identifying potential risks.

We rated the practice as **Good** for providing **safe, effective, caring and responsive** services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- A total of 107 patients were identified as carers; this represented approximately 3% of the practice list.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way. This was reflected unanimously in the patient feedback we received.

We rated all population groups as **Good**, with the exception of **long-term condition which was rated as Requires Improvement**.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Review documentation of weekly fire alarm tests.
- Review systems to promote cervical screening uptake.
- Review systems to accurately reflect completion of necessary training.
- Review storage of prescription stationery.
- Review systems for sharing learning from significant events with all relevant staff.
- Review recruitment policies to reflect arrangement to assure the provider of an employees previous conduct and document staff vaccination status.

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Dr Anthony Newman

Dr Anthony Newman provides primary medical services to approximately 3,783 patients. The registered provider is Dr Anthony Newman.

The practice is registered to provide the following regulated activities; treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures. The practice operates from the only location;

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The practice population is in the seventh least deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is below the national average. The average life expectancy for male and female patients is in line with the national average.

The practice shares the premises, equipment, nursing and managerial staff with another practice, Poole Town Surgery. There was one main GP who was the sole provider. The practice directly employed one GP Partner and two salaried GPs, two of which were female and one was male. The practice also employed one practice nurse, a practice manager, a deputy practice manager and seven administration and reception staff. Practice staff were supported by an additional nurse practitioner and Health care assistant who were employed directly with Poole Town Surgery. The practice was a training practice for doctors training to be GPs.

The practice was open between 8am until 6.30pm, every week day. The practice offered patients extended hours appointments every Thursday evening from 6.30pm until 8.30pm. When the practice is closed patients are directed to out of hours services by dialling the NHS 111 service.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Not all systems and processes had been established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice was not able to demonstrate that all learning from significant events had been shared with all relevant staff.• Not all staff had undertaken safeguarding adults and/or safeguarding children refresher training.• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the fire safety tests and audits or the management of prescription storage.• The provider was not aware that Quality and Outcomes Framework (QOF) exception reporting results was higher than local and national averages; <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery 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's recruitment procedures did not ensure that only persons of good character were employed. In particular:</p>

This section is primarily information for the provider

Requirement notices

- The practice had not undertaken recruitment checks that included staff vaccination status and references.

This was in breach of Regulation 19(1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.