

Tollgate Health Centre

Inspection report

London Road

Stanway

Colchester

CO3 8NZ

Tel: 01206574483

www.tollgatepractice.gpsurgery.net

Date of inspection visit: 11 February 2022

Date of publication: 16/03/2022

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?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Tollgate Health Centre on 11 February 2022. Overall, the practice is rated as requires improvement.

The ratings for each key question are as follows;

Safe - Good

Effective - Good

Caring – Requires Improvement

Responsive - Requires Improvement

Well-led - Good

Following our previous inspection on 09 April 2021, the practice was rated inadequate overall and specifically, inadequate for caring and responsive services, and requires improvement for safe, effective and well-led services. They were placed in special measures.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Tollgate Health Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive follow-up inspection to follow up on:

- The breaches of regulations and the recommendations identified at 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 remotely to identify issues and clarify actions taken by the provider to improve patient outcomes.
- Requesting evidence of improvement work and action plans from the provider.
- A short site visit.

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
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall.

We found that:

- The practice had acted on the issues identified at the last inspection and had made a number of improvements.
- The practice safeguarding policy included both adults and children. This policy had received approval from the local safeguarding lead at the local clinical commissioning group.
- A procedure had been developed to support staff help patients when they presented with deteriorating health or were acutely unwell.
- A formal process to carry out premises health and safety risk assessments to mitigate risks had been developed.
- Controlled drug prescribing was monitored and the process to raise concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable had been added to the prescribing policy.
- Infection control monitoring and auditing was well documented including extra cleaning and regular hand washing procedures to mitigate the risks of COVID-19 .
- Patients told us they received timely, effective care and treatment that met their needs.
- Staff were seen to deal with patients in a kind and respectful manner and involved them in decisions about their care.
- The practice had safely adjusted the delivery of services to meet the needs of patients during the COVID-19 pandemic. This included access care and treatment in a timely way.
- Clinical oversight procedures and processes to ensure effective care and treatment had been improved.
- Appropriate monitoring was in place to assure the quality of care and was seen to be effective when we performed the remote searches as part of this inspection.
- Although data for the management of patients with asthma and those suffering from poor mental health was lower than local and national averages, there had been a positive improvement over the last year.
- Evidence of information to inform patients how to access and to protect online information. The practice had also developed an information sharing protocol.
- There were regular multidisciplinary meetings both at the practice and with external clinical stakeholders.
- Some GP survey indicators published in July 2021 were still below local and national averages. However, there had been an overall improvement since and a plan was in place for improvement, which included seeking patient views.
- The practice had improved their system to identify patients who were carers, to enable them to support access for carers to support their needs.
- A leadership development, and succession plan had been established.
- A programme of clinical and administrative audits was now in place. A number of audits had been undertaken since the last inspection.
- Policies had been reviewing and updated to meet local and national guidelines.
- The practice had an active Patient Participation Group.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to improve patient satisfaction.
- Continue to identify carers including young carers.

We found an outstanding feature:

Overall summary

- The provider had pro-actively sought out care and treatment opportunities to improve the quality of services delivered to their patients throughout the Covid-19 restrictions. This initiative resulted in the practice being awarded a 'Hidden Heroes' award for outstanding performance during the Covid-19 pandemic.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

Our inspection team

Our inspection team was led by a CQC lead inspector 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 Tollgate Health Centre

Tollgate Health Centre is located at the North Western perimeter of Colchester, Essex. This area of Colchester is developing rapidly with a number of new housing estates and a growing retail and industrial park which is situated very close to the practice.

The practice is situated within the North East Essex Clinical Commissioning Group (NEE CCG) and delivers General Medical Services (GMS) to a patient population of approximately 8,500 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, sharing the services of a clinical pharmacist, pharmacy technician, and paramedic.

The provider is registered with the Care Quality Commission as an individual provider. In January 2021 the provider started to work with a GP partner and is currently in the process of re-registering the practice as a partnership (not yet completed).

There is a male and a female GP working at the practice. There are two female and three male long-term locums and two male GP registrars, (a GP Registrar is a qualified doctor training to become a GP through a period of working at a training GP practice). The GPs are supported by the nursing team which consists of two nurse practitioners, two nurses, and a health care assistant (all female). The administrative team was led by a practice manager, a deputy practice manager and a team of administrators and receptionists.

The practice is open from 8.30am until 6.30pm from Monday to Friday. The practice also provides nurse led appointments between 7am and 8am on Mondays and Wednesdays. Outside the practice normal opening hours patients are advised via the practice answerphone message to ring 111 when it is less urgent than a 999 emergency.

Information published by Public Health England shows that deprivation score is eight showing the practice is less deprived than others in the North East Essex Area. 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 2.6% Asian, 94.7% White, 0.7% Black, 1.5% Mixed, and 0.5% Other.

The practice population has a higher number of young families and less over 65 years olds compared with local and national averages. The life expectancy of female and male patients is higher than local and national averages.

Extended access is provided by the practice late evening Wednesdays 18.30 – 19.30 with a nurse and a GP, and on Saturdays with a phlebotomist 08.30 – 09.30, and rotational clinicians from 08.30 – 10.30.