

# Gateway House

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Gateway House as part of our inspection programme. This location was registered in 2021, having previously been registered at a different location. This location has not yet been inspected or rated since its new registration.

The provider Peninsula Health LLP offers minor surgical procedures, dermatology and ENT under a contract with NHS England. Patients are referred to the service by their usual Wirral based GP. Services are provided at Gateway House and at St. George's Medical Centre (minor surgery).

The service manager 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 service is run.

## **Our key findings were:**

- Patients received care that was delivered safely and effectively.
- Clinicians assessed patients according to appropriate guidance, legislation and standards and delivered care and treatment in line with current evidence-based guidance.
- There were enough staff who were suitably qualified and trained.
- Patients received detailed and clear information about their proposed treatment which enabled them to make an informed decision. This included risks and benefits of treatment.
- Pre-operative and post-operative care and advice was clear and written information was available in different formats.
- Patients were offered appointments and treatment in a timely manner.
- Information about services and how to complain was available and easy to understand.
- There was an effective governance framework in place in order to gain feedback and to assess, monitor and improve the quality of the services provided.
- The provider was aware of the requirements of the Duty of Candour.

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

- Review the cleaning equipment store cupboard to create a store that is fit for purpose.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

# Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Gateway House

Gateway House service operates from within premises located at Gateway House, Bromborough, Wirral.

They provide dermatology, minor surgery and ENT consultations and operations to people aged 18 years and over.

Gateway House service consists of eight doctors who are specialists in their field of work, assisted by a nurse or healthcare assistant. The clinical team are supported by administrative staff and a service manager.

Opening hours/hours of operation:

Monday, Tuesday, Wednesday and Friday 8am – 5pm

Thursday 8am – 6pm

Saturday morning clinics are offered on an ad hoc basis

The service is registered with CQC under the Health and Social Care 2008 to provide the following Regulated Activities:

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### **How we inspected this service**

Before visiting we reviewed information we hold about the service and asked the service to send us information. This included their latest statement of purpose, details of staff employed including their qualifications and proof of registration with their professional bodies. As part of the inspection we reviewed feedback gathered from patients, spoke to the registered manager, senior managers and non-clinical and clinical staff. We reviewed a range of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider had safety risk assessments in place. It had appropriate safety policies, which were regularly reviewed and updated. The service had systems to safeguard people from abuse.
- The service worked with other agencies, where relevant, and staff took steps to protect patients from abuse, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control, including, clinical waste management, Legionella risk management, single-use items and vaccination of healthcare staff. However, the cleaners store cupboard was not fit for purpose. It was found to be cluttered, dirty, cleaning products were not stored safely and there was no wastewater disposal or hanging area for mops. The manager told us they would rectify this immediately.
- Infection control audits were seen for the satellite clinic which demonstrated compliance with infection prevention and control standards.
- The provider ensured that other facilities and equipment were safe, and that equipment belonging to the service was maintained according to manufacturers' instructions.
- The premises had appropriate environmental risk assessments in place.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

### Information to deliver safe care and treatment

#### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

### Safe and appropriate use of medicines

# Are services safe?

## **The service had systems in place for appropriate and safe handling of medicines.**

- The provider stocked and used a very small number of medicines. They had local anaesthetic which was stored and managed safely.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff did not prescribe, administer or supply any other medicines to patients.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- Staff could describe the incident reporting process and told us there had been no recent incidents to report. During discussion with the manager they detailed the process which would be followed and showed us documentation in place for reporting, analysing and making improvements as necessary.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## **We rated effective as Good because:**

People received effective care and treatment that met their needs.

### **Effective needs assessment, care and treatment**

#### **Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards including the National Institute for Health and Care Excellence (NICE).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

### **Monitoring care and treatment**

#### **The service was actively involved in quality improvement activity.**

- The service used information and feedback about care and treatment to make improvements as necessary. The service had a comprehensive audit programme in place. They monitored infection prevention and control and patient outcomes through clinical audit.

### **Effective staffing**

#### **Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified and experienced.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained. Staff were encouraged, supported and given opportunities to develop.

### **Coordinating patient care and information sharing**

#### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Before providing treatment, doctors ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Details of their consultation and treatment were shared through the EMIS record system with their registered GP on each occasion they used the service.
- Referrals to specialist and secondary care were made appropriately and followed up where necessary.

### **Supporting patients to live healthier lives**

#### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.

# Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, excessive sunlight exposure/artificial sunlight use, which could impact on patients' health related to their care and treatment.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making. We saw examples of completed consent to surgery forms. These contained all relevant information required including risks and benefits of procedures. Patients were informed of the procedures and risks and had signed their consent.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.



# Are services caring?

## **We rated caring as Good because:**

People received care and treatment in a caring manner

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of care patients received.
- Feedback from patients was very positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Consultation and clinical rooms offered privacy and afforded dignity to patients.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Services were tailored to meet the needs of individual patients and were accessible.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the premises were accessible to disabled patients.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and would respond to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available.
- The service had a complaint policy and procedures in place. The service had received no complaints over the last 12 months but discussed how they would deal with any complaints and learn and improve from them where appropriate.

# Are services well-led?

## **We rated well-led as Good because:**

There was an effective governance framework in place that demonstrated quality assurance and improvement. The service demonstrated a culture which focused on the needs of patients and staff and a commitment to delivering the best possible care and outcomes.

### **Leadership capacity and capability**

#### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The provider and senior management team were knowledgeable about issues and priorities relating to the quality and future of services and understood any challenges.
- The leaders were visible and approachable and worked closely with other staff to make sure they prioritised compassionate and inclusive leadership.

### **Vision and strategy**

#### **The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision, ethos and set of values which were shared by all staff. Staff understood their role in achieving them.

### **Culture**

#### **The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued.
- The service focused on the needs of patients and their staff.
- Openness, honesty and transparency were demonstrated in discussions around how they would respond to incidents and complaints.
- There were processes for providing all staff with the training and development they need, including appraisal. Clinical staff had protected time for professional development and evaluation of their clinical work.
- The service promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally. Positive relationships between staff were demonstrated.
- Staff had access to rewards, wellbeing and benefits through the organisations reward hub. Staff received recognition and praise when this was identified.

### **Governance arrangements**

#### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Policies, procedures and processes had been developed and implemented to ensure safety and effective care and treatment. These were reviewed and revised as needed on a regular basis.

# Are services well-led?

- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address risks including risks to patient safety.
- The service had processes to manage performance.
- They had oversight of safety alerts, incidents, and complaints.
- Clinical audit was undertaken to assess and review the quality of care and outcomes for patients.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was reported on, assessed and reviewed. Performance information was combined with the views of patients.
- Quality and sustainability were discussed.

## Engagement with patients, the public, staff and external partners

### **The service involved patients and staff to support high-quality sustainable services.**

- There were systems in place for staff and patients to give feedback and to be involved.

## Continuous improvement and innovation

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service would review incidents and complaints, learn from them and make improvements if they occurred.
- They used innovative technology for consultations and patient management such as video consultations and self-management apps.