

Tollgate Clinic Ltd

Tollgate Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 26 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe? We found that this service was providing safe services in accordance with the relevant regulations.

Are services effective? We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring? We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive? We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led? We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Tollgate Clinic Limited is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of surgery for carpal tunnel syndrome, and non-scalpel vasectomy services.

A senior 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.

Nine people provided feedback about the service provided at the clinic. Feedback was very positive regarding the treatment and care provided.

Our key findings were:

- We found an open and transparent approach to safety at the service.
- There was an effective system to record and report significant events.
- Risks to patients were assessed and well managed.
- Information relating to patients was accurate and enabled staff to make appropriate treatment choices.

Summary of findings

- Patients' care needs were assessed and delivered according to their need.
- Treatment and care was delivered in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service maintained appropriate standards of cleanliness and hygiene.
- Information about how to complain was available and easy to understand.
- The clinic worked proactively with those services that referred patients into the service, to improve their experience.
- The service was well equipped to treat patients and the facilities met their needs. However emergency items of equipment and medicines were in separate rooms and not signposted to ensure easy access when an emergency occurred.
- Patient feedback was consistently positive.

- Patients said they were treated with compassion, dignity and respect and were fully involved in the decisions about their care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- The service proactively sought feedback from staff and patients, which it acted on.
- The service was aware and complied with the requirements of the duty of candour.

There were areas where the provider could make improvements and should:

- Review where emergency equipment and medicine is stored, and the signposting to ensure easy access should a medical emergency occur.

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

Please refer to the detailed report and the evidence tables for further information.

Tollgate Clinic

Detailed findings

Background to this inspection

The Tollgate Clinic provides a service to NHS and private patients for minor surgical procedures including non-scalpel vasectomy, carpal tunnel surgery, minor skin surgery, and joint injections. The service receives referrals privately and through NHS GP services for the non-scalpel Vasectomy, and Carpal Tunnel surgery from local GP practices. The service currently provides treatment to approximately 1500 people per year.

The service provider holds surgery assessment appointments at other venues within Essex, for example; St. James Surgery, Clacton, and assessment with surgery at, The Primary Care Centre, North Road, Westcliff-on-Sea, and Tollgate Health Centre, Tollgate Clinic, Colchester. We inspected the Tollgate Clinic on 26 September 2018.

- There is car park in the grounds of the Tollgate Health Centre where the Tollgate Clinic provides their service.
- The clinic is accessed through the main entrance of the health centre shared with two local GP practices. The building is fully accessible to all.
- The service opening hours are 9am to 5pm Monday to Friday. They provide a post-operative support telephone contact number from Monday to Sunday until 10pm each evening.
- The service was registered to treat adults and children from the age of four.

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed information we hold about the service.

During our visit we:

- Looked at the systems in place to run the service.
- Assessed how clinical decisions were made.
- Viewed key policies and protocols which related to regulated activities.
- Spoke with staff involved in providing the regulated activities.
- Checked the environment and infection control measures.
- Observed staff interactions with patients.
- Reviewed CQC comment cards which included feedback from patients about their experience of the service.

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?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff.
- Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Policies were regularly reviewed and accessible to all staff. They outlined clearly who to go to for further guidance. We saw staff had received up-to-date safeguarding and safety training appropriate for their role.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included DBS checks and checks on professional revalidation. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The premises and equipment viewed were visibly clean and cleaning checks were in place.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order according to manufacturers' instructions.
- Arrangements for managing waste and clinical specimens kept people safe.
- Legionella risk assessments were undertaken and reported no risk.

Risks to patients

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

- There were enough staff, including clinical staff, to meet demand for the service. The service was not intended for use by patients requiring treatment for long term conditions or as an emergency service.
- There was an effective induction system for staff tailored to their role.

- Staff were suitably trained in emergency procedures. For example, clinical staff had undergone basic life support training.
- They shared a defibrillator with the GP practice in the shared building. Oxygen, emergency and anaphylactic medicine, were well monitored and readily available however, these emergency items of equipment and medicines were stored in separate rooms and not signposted to ensure easy recognition when an emergency occurred.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- Risk assessments had been carried out to identify appropriate control measures were in place. For example, risk assessments for fire and legionella were seen.
- We found appropriate organisational indemnity arrangements to cover all potential liabilities.

Safe and appropriate use of medicines

There was minimal prescribing carried out by the service. This was mainly to treat post-operative infection and to provide pain relief. The system in place was in line with best practice guidelines for the appropriate and safe handling of medicines.

- Processes were in place for checking medicines and staff kept accurate records of medicines.
- The emergency medicines, and those for anaphylactic shock, were checked regularly and in date.
- There was a system in place for the security of prescriptions.
- Staff gave advice on medicines in line with legal requirements and current national guidance.
- The service acted on patient and medicine safety alerts.

Track record on safety

The service had a good safety record.

- We found comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- There was a system in place for recording, reporting and investigating serious events.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There was an effective system in place to record, and learn from significant events.
- 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 had a structure to provide affected people with reasonable support, truthful information and a verbal and or written apology.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence based practice.

- Staff assessed treatment needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had, and gathered enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. For example; a post-operative support telephone contact number available from Monday to Sunday till 10pm each evening.

Monitoring care and treatment

The service was actively involved in quality improvement activities to monitor and assess the quality of their service including the quality of care and treatment provided to patients. Clinical audits seen demonstrated quality improvement.

- Monitoring care, treatment, and patient feedback was sought from every person who had used the service.
- There were systems in place related to laboratory sample monitoring and a protocol for receiving and acting on sample test results.
- Clinical staff assessed patient needs and delivered care in line with relevant and current evidence based guidance and standards. Where new standards were implemented or updates to existing standards found, these were shared at clinic meetings.

Effective staffing

Staff had the skills and knowledge to carry out their roles.

- All staff were appropriately qualified with relevant professionals (medical and nursing) registered with the General Medical Council (GMC)/ Nursing and Midwifery Council that were up to date with revalidation.
- There was evidence of appraisals and personal development plans for all staff employed by the service.
- Staff were required to complete induction training and on-going training linked to their roles and responsibilities.
- A system was in place to ensure staff received regular one to one support and peer support with performance reviews.
- The provider understood the learning needs of staff and provided protected time and training for them.
- Up to date records of skills, qualifications and training were maintained.
- There was a system in place for managing staff when their performance was poor or variable.
- We saw coordinated patient care and information sharing when relevant with the patients GP, regarding the treatment, follow-up and test results patients had received.
- Patient treatment records viewed contained sufficient information needed to deliver the patient's ongoing care.
- There was a system in place for laboratory tests and the transport of specimens.
- Patients were provided with full information about the treatment they would receive including the benefits and risks.
- People were very positive about both their treatment and the follow-up care they received.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patients GP.
- Before providing treatment, doctors at the service ensured they had sufficient knowledge of the patient's health, any relevant test results and their medicines history. We were told patients would be signposted back to their referrer for a more suitable source of treatment when appropriate. For example, if the patient needed specialist monitoring not available at the clinic.

Are services effective?

(for example, treatment is effective)

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, their GP practice, to coordinate after care when needed.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services.

Supporting patients to live healthier lives

- Patients received an initial assessment appointment before treatment. This was the opportunity for clinicians to ensure the treatment requested or referred for was appropriate and beneficial taking existing conditions into consideration.

- Where appropriate, staff gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, to patients GP regarding wound and dressing management.
- Where patient needs could not be met by the service, staff redirected them to an appropriate service for their needs.

Consent to care and treatment

There were clear consent protocols in place for all procedures.

- 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately, including parental or guardian consent. For example, we saw an audit undertaken to show consent was consistently obtained.
- The cost of treatment (where appropriate) and the treatment plan was fully explained and written copies given to patients. This gave patients the opportunity to ask questions and make an informed decision.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect. Staff we spoke with demonstrated a patient centred approach to their work.

- We received very positive feedback from nine people using the service at the clinic. This feedback was a combination of comment cards and talking to patients.
- Patient feedback was consistently positive, about both their treatment and the follow-up care they received.
- Patients told us they were treated with kindness, dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, whether they were providing NHS or private treatment.
- Most patients indicated they were very satisfied with the service they had received, as part of the feedback survey provided to each patient.

Involvement in decisions about care and treatment

Patients were provided with information about procedures including the benefits and risks.

- Interpretation services were available for patients who did not have English as a first language. Staff at all levels had received training to enable them to answer the questions that patients had about a treatment.
- Patients told us they felt listened to and supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

Treatment and assessment clinic room doors remained closed during treatment sessions to ensure it was not possible to hear what was happening inside.

- Information leaflets were available in easy read formats, to support patients be involved in decisions about their care.
- Staff told us that if a patient felt uncomfortable having a conversation in the reception area there was a private room available where they could speak with patients to ensure confidentiality.
- Computer screens faced away from patients in the reception area and staff could explain how they kept patient's confidentiality.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The provider worked with local practices and the clinical commissioning group to ensure the services they provided met the needs and service gaps in the North-East Essex healthcare population.

- We found that the premises were accessible and suitable for those people in vulnerable circumstances to enable them to access and use services on an equal basis to others.
- Clinic rooms where regulated activities treatments were carried out, the reception, and waiting area, were all on the ground floor.
- The service worked proactively with the services that referred patients to them to improve patient experience.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us the appointment system was easy to use and that the service provider was flexible regarding meeting an appropriate appointment time to suit them.

- Referrals and transfers to other services were undertaken in a timely way. For example, patients told us they had arranged an appointment within three to four weeks, which was perceived to be very prompt.
- The service provider told us their service forward planning investigation and service development plans had enabled them to provide such a prompt service.
- The service was open between 9am to 5pm Monday to Friday.
- They provided a post-operative support telephone contact number from Monday to Sunday until 10pm each evening.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available online and in the service reception area.
- There was a system in place for complaints. There had been three complaints received in the last 12 months. We saw changes had been made as a result of each complaint that had been analysed. For example; clinicians to clarify likely procedure outcomes to manage patient expectations.
- There was a clear policy and procedure for complaints.
- Learning or service changes from complaints were shared during team meetings and individually when needed.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

There was a clear leadership structure in place and staff were aware of their roles and responsibilities.

- Staff told us they felt supported and could access support from the managers at all times.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and had developed a business plan to address them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision to deliver a high-quality service and promote good outcomes for people treated by the service. This was available both at the service and on their website.

Culture

The culture of the service encouraged candour, openness and honesty.

- Staff felt respected, supported and valued. They were able to raise concerns without fear of retribution and felt assured that actions would be taken.
- The service was focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, where incidents affected patients, they were given an apology, an honest and open explanation of what happened, and were updated with any changes made to address the incident. This showed the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns without fear of retribution and felt assured that actions would be taken.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- All staff has received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training and felt they were treated equally.
- There were positive relationships between staff members.

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 about their roles and their accountabilities at the service.
- There were established policies, procedures and activities to ensure safety.
- The service had systems in place to assure themselves they were operating as intended, effective, and safe.
- There were regular staff team meetings to enable managers to update staff, share learning from complaints and incidents, and gain staff feedback.

Managing risks, issues and performance

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

- There was a comprehensive risk assessment process in place.
- The service had processes to manage current and future performance.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The clinic leaders had oversight of safety alerts, incidents, and complaints. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- The service had plans in place for adverse incidents or major incidents affecting the service provision.

Appropriate and accurate information

The service acted on/did not have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in meetings where all staff had sufficient access to information.
- The service used performance information to monitor and manage and staff when held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. For example, patient records were kept in locked cabinets away from areas used by the public.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Staff told us that they felt able to provide feedback and provide ideas for service improvement.
- Patients were encouraged to provide feedback on the service on a feedback survey after each consultation. Feedback was seen to be regularly monitored.
- The service was transparent, collaborative and open with stakeholders about performance. They service with the local Clinical Commissioning Group (CCG) to develop services that were accessible and appropriate for the North-East Essex area.

Continuous improvement and innovation

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

- It was clear when talking with staff they continually sought ways to improve the services being offered.
- The service provider was continuously looking for future development of service to undertake treatments to benefit the Essex population.
- The service worked closely with the local Clinical Commissioning Group (CCG) to develop services that were accessible and appropriate for the North-East Essex area.
- Their objectives for future development were to provide safe care, closer to home, in a community environment.