

Walkden Gateway

Inspection report

2 Smith Street
Walkden
Manchester
M28 3EZ
Tel: 0161 2117175
www.walkdengatewaymedical.co.uk

Date of inspection visit: 26/11/2019
Date of publication: 10/01/2020

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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

We carried out a focused inspection at Walkden Gateway on 26 November 2019. The announced inspection was following our annual regulatory review with the practice which had identified changes in the practice and triggered this inspection. We inspected the key question areas of effective and well led. During the inspection we identified concerns which led us to inspect the key question of safe. We utilised information from our previous inspection findings for the key question areas of caring and responsive. 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 have rated this practice as requires improvement overall.

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- A staff member had acted as a chaperone without training, risk assessment or DBS in place.
- Patient safety and medicine alerts were not regularly being reviewed and acted on.
- Not all staff members were aware of the location of the defibrillator and the emergency medicines were not being physically checked.
- Recruitment checks for a locum GP had not been carried out in accordance with regulations.

We rated the practice as **requires improvement** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to demonstrate that staff had completed training relevant to their role.
- A member of staff had not had an appraisal since 2017.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Review the storage location of clinical samples.

Population group ratings

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

Our inspection team

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

Background to Walkden Gateway

Walkden Gateway provides primary care to its list of 2,055 patients under a General Medical Services (GMS) contract. The provider is registered for the following regulated activities: Diagnostic and screening, Maternity and midwifery, Treatment of disease, disorder or injury and surgical procedures.

Regulated activities are provided from the following address:

2 Smith Street
Walkden
Greater Manchester
M28 3EZ

The practice has a website that contains information about what they do to support their patient population and the in house and online services offered:
www.walkdengatewaymedical.co.uk

The senior GP partner (male) is supported by a salaried female GP and extra sessions are provided by a male locum GP. The practice employs a practice nurse and phlebotomist. There is also a practice manager and supporting administration staff.

The average life expectancy and age profile of the practice population is above the CCG averages. The practice is rated as two out of 10 on the deprivation score (one being the most deprived).

Patients requiring a GP outside of normal working hours are advised to contact NHS 111.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that care and treatment is provided in a safe way. In particular:</p> <ul style="list-style-type: none">• A staff member had acted as a chaperone without training, risk assessment or DBS in place.• Patient safety and medicine alerts were not regularly being reviewed and acted on.• Blood test results were not being checked frequently enough.• Clinicians did not always review patient alerts on the clinical system.• Not all staff members were aware of the location of the defibrillator and the emergency medicines were not being physically checked.• Recruitment checks for a locum GP had not been carried out in accordance with regulations.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did always have systems or processes established to ensure good governance</p> <p>In particular:</p> <ul style="list-style-type: none">• recruitment checks were not always carried out in line with regulations.• Staff had not always completed training relevant to their role.• Medical note summarising was not routinely being carried out.• There was no system for following up on two week wait referrals.• Safeguarding processes were not always being followed by clinicians.