

Walkden gateway

Inspection report

2 Smith Street
Worsley
Manchester
M28 3EZ
Tel:

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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		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Inadequate	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Inadequate	

Overall summary

We carried out an announced inspection at Walkden Gateway on 12 April 2022. Overall, the practice is rated as Inadequate, with the following key question ratings:.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Good

Well-led - Inadequate

Why we carried out this inspection

This inspection was a comprehensive inspection of all five key questions as part of our routine inspection programme.

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:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit

Our findings

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 Inadequate overall

Following this inspection, we have rated the practice **inadequate** for providing safe services. We identified the following areas of concern:

- There was no safeguarding lead at the practice and no safeguarding meetings were taking place.

Overall summary

- Some staff told us they were not aware of the safeguarding process in the practice.
- At the time of inspection, no fire drill had been carried out.
- The infection prevention and control audit identified that the nurse's examination couches needed to be replaced. There was no action plan for when this would be completed.
- Hand hygiene audits had not been completed since 2020.
- There was no process for monitoring patients' health in relation to the use of medicines including high risk medicines. There was no appropriate monitoring and clinical review prior to prescribing.
- There was no monitoring or process in place to check the defibrillator was ready for use. A system was put in place during the inspection.
- Not all the required emergency medicines were held.
- It was not always clear that incidents had been investigated and learning shared.
- Safety alerts were not always appropriately actioned.

Following this inspection, we have rated the practice **inadequate** for providing effective services. We identified the following areas of concern:

- There was limited monitoring of the outcomes of care and treatment.
- There was no programme of targeted quality improvement.
- Locum GPs were not given access to the system that stored all the policies, protocols and procedures for the practice.
- There was no evidence that the locum GPs had ever had an appraisal or supervision with Dr Loomba.
- The practice nurse had had no supervision or appraisal since 2020. Dr Loomba told us he was avoiding doing supervision due to COVID.
- We found examples of potentially undiagnosed diabetes during our clinical searches.
- There was no system in place for monitoring thyroxine treatment.
- There was no evidence that patients who had experienced acute exacerbation of asthma had been followed up appropriately.

We rated the provider as **good** for providing caring services.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the provider as **good** for providing responsive services.

- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Patients could access care and treatment in a timely way.

Following this inspection, we have rated the practice **inadequate** for providing well-led services. We identified the following areas of concern:

- There was no leadership development programme in place at the time of inspection.
- There was no strategy to achieve the practice vision.
- Staff were not aware of a freedom to speak up guardian.
- Only the practice manager and practice nurse had login access to formally raise an incident or concern on the incident reporting system.
- There were no processes in place to manage performance of clinical staff.
- Clinical oversight was not effective.
- Governance structures and systems were not always in place or regularly reviewed.

Overall summary

- Staff were not always clear about their roles and responsibilities and that of others.
- There were no comprehensive assurance systems in place.
- There were no effective arrangements for identifying, managing and mitigating risks;
- There was little evidence of a system to share learning with staff. Learning from incidents was not documented appropriately.
- The practice did not have a safeguarding lead.
- Locum GPs did not have access to the system where the policies, procedures and protocols were stored.
- There was no quality improvement or clinical audit plan in place.
- Dr Loomba did not have an awareness of the issues raised during the inspection.
- The practice did not always use data to improve performance.
- The practice could not evidence how they had acted on patient feedback.
- The practice did not have a patient participation group (PPG)
- It was not clear if or how the practice monitored the quality of access and made improvements in response to findings.

We found four breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure service users are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The Care Quality Commission will refer to and follow its enforcement processes in taking action reflecting these circumstances.

I am placing this service in special measures and the Care Quality Commission will follow its enforcement policy in dealing with the risks identified during the inspection.

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 undertook a site visit accompanied by a second CQC inspector. The team included a GP specialist advisor who spoke with staff and completed clinical searches and records reviews on site.

Background to Walkden gateway

Walkden Gateway is located in Salford at:

2 Smith Street

Worsley

Manchester

M28 3EZ

The provider is registered with the CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the Salford Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of approximately 2076. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Walkden and Little Hulton primary care network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). 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 94.6% White, 2.1% Asian, 1.5% Black, 1.6% Mixed, and 0.3% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of two locum GPs who provide cover at the practice. The practice has one nurse who provides nurse led clinics for long-term conditions. The locum GPs are supported at the practice by a team of reception staff. The practice manager is based at the practice to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is invited to the practice.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to provide care and treatment in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• Two service users were prescribed the medicines omeprazole and clopidogrel together, against the guidance in the Medicine and Healthcare Products Regulatory Agency (MHRA) alert. Their records had not been noted that they had been informed of the risks involved in taking these medicines together.• Four patients were prescribed ACE/ARB and spironolactone against the guidance in the Medicine and Healthcare Products Regulatory Agency (MHRA) alert. There was no evidence that the risks had been discussed with the patients. There was no evidence that any action had been taken following the MHRA alert nor any awareness of the alert when prescriptions were issued.• 24 service users prescribed ACE inhibitor or Angiotensin II receptor blocker treatment had not received all the required monitoring. We reviewed five service users records in more detail and found that all five did not have evidence in the records that the prescriber had checked monitoring is up to date prior to issuing a prescription.• Medicine reviews were poorly documented.• Eight service users had a potential missed diagnosis of diabetes.• Six service users prescribed spironolactone had not had the required monitoring.• Seven service users being prescribed thyroxine had not had thyroid function test monitoring for 18 months.• Three service users who had experienced acute exacerbations of asthma were not followed up.• Locum GPs were not aware of the practice protocols in place for prescribing high risk medicines

Enforcement actions

- Not all the required emergency medicines were held.
- There was no monitoring or process in place to check the defibrillator was in working order.
- There was no evidence that incidents had been investigated and learning shared.
- Hand hygiene audits had not been completed since 2020.
- There had been no fire drill at the property since 2012.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

The provider had failed to establish and operate systems and processes to prevent abuse of service users. In particular:

- There was no safeguarding lead at the practice.
- The safeguarding policy had not been updated following the safeguarding lead and deputy lead leaving the practice.
- Dr Loomba's safeguarding training level 3 was completed in 2018.
- Some staff were not aware of the safeguarding process in the practice.
- No safeguarding meetings taking place.

This was in breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Enforcement actions

Treatment of disease, disorder or injury

How the regulation was not being met:

The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- Not all staff could access policies, procedures or protocols, they were on a system they did not have access to.
- The safeguarding policy was due to be reviewed in January 2022, this had not happened.
- Incidents were stored on two systems, neither system had all the information of actions taken and learning shared.
- There was little evidence of clinical audits or quality improvement work carried out.
- There was no strategy in place to achieve the practice vision.
- Complaints were not dealt with following the procedure.
- The service did not follow the recruitment policy.
- Sharing of safety alerts process was not robust.
- Actions had not been taken following an infection prection and control audit in March 2022.
- Dr Loomba did not have an awareness of the issues we raised at the inspection.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider had failed to provide appropriate support, professional development, supervision and appraisal necessary to enable staff to carry out the duties they are employed to perform. In particular:

This section is primarily information for the provider

Enforcement actions

- Locum GPs were not given dedicated time to familiarise themselves with the induction pack or protocols for the practice.
- Locum GPs were not given access to the system that stored all the policies, protocols and procedures for the practice.
- Locum GPs did not have supervision with Dr Loomba.
- The practice nurse had had no appraisal or supervision since 2020.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.