Tollgate Health Centre

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

Overall summary

We carried out an announced comprehensive inspection at Tollgate Health Centre on 05 February 2019. The practice was rated good overall, specifically they were good for safe, caring, responsive, and well-led services and requires improvement for effective services.

As a result of the findings at the February 19 inspection the practice was issued a requirement notice for a breach of Regulation 17 (Good Governance).

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

We carried out an announced comprehensive inspection at Tollgate Health Centre on 09 April 2021. At this inspection we followed up on the breach identified at our previous inspection, and investigated concerns raised during quality visits made by the clinical commissioning group (CCG). There had also been concerns raised to the Care Quality Commission (CQC) by patients and staff that worked at the practice.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore:

- Conducted staff interviews using video conferencing.
- Completed clinical searches on the practice's patient records system and discussed the findings with the provider on 08 March 2021.
- Reviewed patient records to identify issues and clarified the actions to be taken by the provider 09 April 2021.
- Requested evidence prior to the site visit from the provider.
- Carried out a short site visit on 09 April 2021.

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

We have rated the practice as inadequate overall.

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

- There was no adult safeguarding policy.
- There was no formal process to carry out premises health and safety risk assessments.
- There was no documented hand washing monitoring or auditing.
- There was no process within the prescribing policy to raise concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.
- There was no procedure for patients presenting that were deteriorating or acutely unwell.

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

- A continued lack of a quality improvement process, including clinical audit.
- There was no consistent practice process to follow up patients presenting with symptoms which could indicate serious illness in a timely and appropriate way.

Overall summary

- The data for the management of patients with asthma and those suffering from poor mental health was significantly below the local and national average.
- The practice did not monitor their consent process for assurance it was sought and recorded appropriately.
- There had not been multidisciplinary meetings for over a year.
- There was no advice for patients regarding how to protect their online information or an information sharing protocol.

The issues identified affected all population groups, so they were also rated as inadequate.

We rated the practice **inadequate** for providing Caring services because:

- Many of the national survey indicators published in July 2020 were significantly below local and national averages and there was a lack of an action plan to improve.
- The practice did not have an effective system to identify patients who were carers to enable them to access the care and support they need.

We rated the practice **inadequate** for providing Responsive services because:

- Many of the national survey indicators published in July 2020 were significantly below local and national averages and there was no action plan to improve.

The issues identified affected all population groups, so they were also rated as inadequate.

We rated the practice **requires improvement** for providing Well-led services because:

- There was a lack of understanding to the challenges to quality and sustainability at the practice.
- There was a lack of a leadership development, and succession plan.
- There was no systematic programme of clinical and internal audit or effective arrangements for identifying, managing and mitigating risks.
- There was a lack of performance management.
- There was no system in place to act on patient feedback.

We found one breach of regulations. The provider **must**:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please see further details at the end of this report of how the regulation was not being met).

In addition, the provider should;

- Document and audit staff hand washing procedures.
- Produce a follow-up procedure for deteriorating or acutely unwell patients.
- Improve the identification of patients that are carers.
- Monitor and audit consent process to ensure they are effective.
- Continue to update and review all practice policies, procedures and the business continuity plan.
- Advise patients how to protect their online information and produce an information sharing protocol.
- Continue to make improvements as highlighted in the agreed action plan initiated by the Clinical Commissioners.

Overall summary

This service will be placed into special measures and inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector and a second 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, and provides GP services to approximately 8,200 patients. This area of Colchester is expanding rapidly with a number of new housing estates and an expanding retail and industrial park situated close to the practice.

The provider is registered with the Care Quality Commission as an individual provider.

In January 2021 the provider took on a new partner and is currently in the process of re-registering the practice as a partnership. The practice has recently employed a full-time practice manager and a deputy manager after a period of instability at the practice without non-clinical management support.

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.

There is a male GP partner, and a female GP partner. There are female and male long-term locums and a male and female GP registrar, (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 and closed at lunchtime between 1pm and 2pm. 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.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good governance** **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met:** **Specifically:** 1. There was a lack of an effective quality improvement programme including clinical audit. 2. Systems to review and act on patient feedback were not effective. 3. Systems to ensure health and safety risks were managed were not effective and there was a lack of documentation to reflect action was being taken. 4. The system to identify and follow up patients with symptoms which could indicate serious illness were not effective. 5. The system for monitoring and reviewing patients suffering with poor mental health and asthma were not effective. 6. Multi-disciplinary meetings to discuss appropriate care and treatment pathways were not taking place. 7. The system for monitoring and improving performance were not effective. **This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**