Tollgate Health Centre

Quality 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.

Summary of findings

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Summary of findings

Overall summary

Tollgate Health Centre is located on the outskirts of Colchester in Essex. The surgery provides primary medical services to 6,258 people and is situated in purpose built premises. The regulated activities we inspected were diagnostic and screening procedures, family planning and treatment of disease and disorder or injury.

We found all population groups benefitted from the open access surgery in the mornings, evening clinics and the ability to book appointments in advance when planning their healthcare. Older people and those with mobility issues found the building accessible with all clinics held on the ground floor. The health needs of people with long term conditions were managed with timely health checks and medication reviews. The midwifery service reported a positive working relationship with the practice. Take up rates for immunisation for children were higher than the national average for children. The trained chaperone service was well received by patients. Staff received requests for the service and therefore considered it invaluable for assisting and supporting vulnerable patients. For patients with mental health needs the practice operated a flexible and accessible service to ensure their individual needs were met in a timely and appropriate manner.

We identified that improvements were required in respect of plans in place to deal with emergencies that may interrupt the running of the service. We also found that the systems in place to ensure the timely review of patient blood test results were not effective.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Improvements were required to ensure the service was safe.

We found the practice was visibly clean and tidy. This was supported by patients who told us they were cared for in a clean environment. We found not all incidents were appropriately recorded, investigated or actions taken clearly documented. Staff were trained and confident in safeguarding procedures. The practice had an effective process in place for recruiting clinical and non-clinical staff to work at the surgery. We found appropriate arrangements were in place for managing medicines. There was appropriate and sufficient emergency medical equipment available.

We found the practice did not have contingency plans in place to deal with emergencies that might interrupt the running of the service.

Are services effective?

Improvements were required to ensure the service was effective.

We found that the practice was proactive in identifying patients' individual clinical needs and where they may benefit from additional educational information, health screening services or clinical input. The practice positively engaged and worked in partnership with other services to meet the needs of patients in a coordinated and timely way. All new staff at the practice received a comprehensive induction which gave them the support and guidance to ensure they were able to undertake their role safely and effectively. The practice was effective at monitoring, managing and improving outcomes for patients, but there was no coordination of clinical audits and learning.

We found blood results were not reviewed in a timely and appropriate manner to ensure patients received good care.

Are services caring?

The service was caring.

All of the patients we spoke with during our inspection made positive comments about Tollgate Health Centre and the service it provided. Patients who used the practice told us that they were involved in decisions about their care and treatment, and they were treated with dignity and respect.

Are services responsive to people's needs?

The service was responsive to people's needs.

Summary of findings

We found that the practice understood the needs of its population and made reasonable adjustments according to the individual needs of patients. There was collaborative working between the practice and other health and social care services which helped to ensure patients received the best outcomes.

Are services well-led?
The service was well led.

There was clear leadership within the surgery. Staff had defined roles and responsibilities and had training and development opportunities. However, there was an absence of regular clinical meetings and audits were not coordinated to capture learning. The practice worked well with their Patient Participation Group to identify and changes how they delivered services to people. The PPG is a group of patients registered with the surgery who have no medical training but have an interest in the services provided.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
We found the service was responsive. The practice benefitted from sufficient parking facilities and wide door access for people who used wheelchairs. All consultation and treatment rooms were located on the ground floor. Patients 75 years and over had been identified and were being appointed named GPs. We were told by patients that the practice team were polite and helpful and granted same day visits.

People with long-term conditions
The service was responsive. The practice had registers for people with epilepsy and coronary heart disease. These were managed with annual health checks and medication reviews or more frequently if required. The service provided a chronic disease nurse who educated and supported patients to manage their conditions and reviewed care plans. Patients felt supported and were happy with the service they received.

Mothers, babies, children and young people
The practice was safe, effective and responsive. The open access and advanced booking of appointments enabled people with young children and babies to access timely and appropriate clinical services. There were good immunisation rates for children and monitoring of babies development. People with children reported receiving a good service.

The working-age population and those recently retired
The practice was safe, effective and responsive. The practice offered open access appointments and the ability to pre-book appointments six weeks in advance enabling them to plan their healthcare. Overall, people told us they were happy with the appointment system.

People in vulnerable circumstances who may have poor access to primary care
The service was safe, effective and responsive. Patients were able to access a trained chaperone service to support them whilst receiving care at the surgery.

Summary of findings

People experiencing poor mental health

The service was safe, effective and responsive. Patients received a flexible, individualised and highly accessible service where there was a clear clinical need for the person to access timely care. There was detailed recording of clinical needs and effective partnership working to coordinate the care of people.

Summary of findings

What people who use the service say

All 12 patients we spoke with during our inspection made positive comments about Tollgate Health Centre. Patients who used the practice told us that they were involved in decisions about their care and treatment and that they were treated with dignity and respect.

We spoke with three representatives from local residential and care homes where patients were registered with the practice we also spoke with the midwifery team who visited or worked with the surgery. They all gave very positive feedback about the service they received.

We found the Patient Participation Group (PPG) were active within the practice. The PPG is a group of patients registered with the surgery who have no medical training but have an interest in the services provided. They were consulted on a range of issues and their views valued and their proposals were implemented where appropriate, resulting in improvements to the quality of service received by people.

We reviewed nine comment cards completed by patients prior to and during our inspection. The feedback about the GPs, administrative and reception staff showed that patients felt Tollgate Health Centre to be providing an excellent and valued service.

Areas for improvement

Action the service MUST take to improve

- Ensure contingency plans are in place to deal with emergencies that might interrupt the running of the service.
- Ensure effective systems operate to ensure the timely review of test results.

Action the service COULD take to improve

- Ensure cleaning schedules and practices reflect policies and the frequency of the cleaning is sufficient to mitigate the risk of exposure to health associated infections.
- Ensure staff receive regular supervision and retain evidence of staff attendance and completion of training.
- Coordinate clinical audits and expand the clinical audit cycle to better identify performance issues and learning trends.
- Ensure portable appliance testing is conducted.
- Ensure regular clinical meetings are held to provide staff with an opportunity to regularly assess, monitor and revise the quality of the service.

Tollgate Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. They were accompanied by a second CQC Inspector and a practice manager.

Background to Tollgate Health Centre

Tollgate Health Centre is located on the outskirts of Colchester and provides services for approximately 6,258 patients living in the area. It is situated in a purpose built medical facility and shares its premises with two other medical service providers. Tollgate Health Centre is a training practice and encourages and facilitates the training of GPs. The practice benefits from visiting midwives.

Tollgate Health Centre provides open access morning surgery between 8:30am and 10:00am when no appointment is necessary. There were also appointment times available each morning with doctors, a nurse and/or a healthcare assistant.

The practice had applied for central funding for three additional clinical rooms to meet forecast growth in patient numbers. This was based on the proposed building of 600 homes in the area, resulting in an estimated growth of 1800 patients, mainly young families.

Why we carried out this inspection

We carried out the inspection as part of our new inspection programme to test our approach going forward.

It took place over a day with a team including CQC inspectors, a GP and a GP practice manager.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about Tollgate Health Centre. We asked representatives from three care homes whose patients were registered with the practice. We spoke with partner services such as the midwifery team who attended the practice, to find out what they knew about the service. We also reviewed information that we had requested from the provider.

We carried out an announced visit to Tollgate Health Centre 3 June 2014. During our visit we spoke with seven members of the staff team including the registered manager, practice manager, nurses, general practitioners, and those staff that dealt directly with patients, either by telephone or face to face.

We spoke with 12 patients and carers who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed nine comment cards where patients and members of the public shared their views and experiences of the service.

We reviewed information that had been provided to us by the provider and other information that was available in the public domain. We conducted a tour of the surgery and looked at equipment and medications kept on the premises.

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

- Is it safe?
- Is it effective?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Are services safe?

Summary of findings

Improvements were required to ensure the service was safe.

We found the practice was visibly clean and tidy. This was supported by patients who told us they were cared for in a clean environment. We found not all incidents were appropriately recorded, investigated or actions taken clearly documented. Staff were trained and confident in safeguarding procedures. The practice had an effective process in place for recruiting clinical and non-clinical staff to work at the surgery. We found appropriate arrangements were in place for managing medicines. There was appropriate and sufficient emergency medical equipment available.

We found the practice did not have contingency plans in place to deal with emergencies that might interrupt the running of the service.

Our findings

Safe patient care

We spoke with 12 patients and reviewed comment cards completed prior to and during our inspection. Patients told us they felt safe and confident in the service they received. One patient wrote, that their experiences of the surgery had always been fantastic and that they found the doctors and nurses helpful, friendly and approachable. They also wrote that they thought it was a safe and hygienic environment.

We found the practice had clear lines of accountability and responded appropriately to safety concerns by the staff and public. These were reported to the practice manager who investigated them and provided a response. Wider learning from incidents was shared with the staff and the patient participation group to improve practice.

Learning from incidents

We found the practice incident reporting and management policy dated November 2012 had not been reviewed as required by the practice in April 2013. Therefore, the policy may not accurately reflect best or current practice. We reviewed three incident forms relating to the discharge of a person who was not registered with the practice, a diagnosis related matter of 2014 and a prescribing error. Two out of the three incident forms reviewed had not been fully investigated and lessons learnt. However, the prescribing error had been fully investigated and practices changed to reduce the risk of a reoccurrence. Staff had been spoken with and changes explained. The practice wrote to patients and local dispensing pharmacists to inform them of the change in procedures for the issuing of prescriptions.

Safeguarding

The practice had a system in place to help ensure that patients were safeguarded against the risk of abuse. There was a dedicated GP lead for vulnerable adults and children to whom staff would report any concerns if they suspected that children or vulnerable adults were at risk of harm. All staff undertook safeguarding training annually.

The practice maintained a record of children on a Local Authority Child Protection Plan (CPP). They used this to ensure children at risk were clearly identified by the practice. Safeguarding filters and alerts had been built into the computer software system used by the surgery so that

Are services safe?

GPs were able to immediately identify any concerns relating to children and to vulnerable adults. The records also included contact details for professionals involved with the child.

We reviewed two child safeguarding referrals within the last six months. Both were appropriate and staff had correctly followed the escalation procedure pathway. The safeguarding records relating to children were detailed. Staff followed up on referrals to ensure concerns had been acknowledged and were being responded to. There was evidence of discussion and learning from safeguarding incidents in their practice meeting minutes in January 2014. We spoke with four staff members and two GPs who knew how to escalate concerns and had made appropriate and timely referrals.

Monitoring safety and responding to risk

We saw the practice reviewed, identified and monitored trends in clinical data. Where the practice had identified potential risks to patients, these were appropriately documented and escalated to the relevant authority. For example, the practice had identified delays in receiving patient discharge information which presented difficulties in delivering continuity of care. They had reported their concerns to the Clinical Commissioning Group and relevant Accident and Emergency Departments to investigate and provide an explanation.

We saw there was appropriate and sufficient emergency medical equipment and medication available. This included oxygen and a defibrillator. Staff knew where the emergency first aid equipment was kept and were confident in providing emergency care. Staff told us how they had administered care and called the emergency service for patients when their health had deteriorated.

Medicines management

We found appropriate arrangements were in place for obtaining medicine. We reviewed patient files and found appropriate prescribing, medication reviews and monitoring of patient bloods. Where concerns had been identified with regards to a patient's response to medication these were appropriately escalated to the GPs for review.

Where a prescribing error had been identified this was appropriately recorded and reported to the Clinical Commissioning Group. An internal investigation was conducted and, supported by an action plan to mitigate the risk of such an incident occurring in the future.

We found effective procedures in place to record and monitor daily fridge temperatures for the safe storage of medication and vaccinations. Medication was checked every three months and appropriate and minimal stock levels maintained.

The practice's 2014 patient surveys included comments from patients regarding how helpful they found the staff who dealt with repeat prescriptions. One representative from a care home told us, the lady who dealt with prescriptions was fantastic and went out of her way to ensure any concerns we had were addressed. They also told us how some of the GPs encouraged feedback on how patients were responding to the medication. They told us they appreciated receiving written guidance from the GPs on the medication patients were on, as this helped them to ensure it was being given as intended.

Cleanliness and infection control

We looked at six clinical rooms and communal areas of the surgery and found all were visibly clean and tidy. There was an appointed infection prevention control lead for the practice. They worked closely with the practice manager and practice nurse to conduct the annual risk assessment and monitor compliance with their policies. The last action plan for improving infection control predated the most recent audit. The practice manager confirmed that an action plan had not been written following the most recent audit despite it identifying issues, such as the signing and dating of sharp bins and dusty shelves. However, we found that all actions identified had been addressed and resolved.

We looked at the surgery infection control policy dated 7 November 2013 and reviewed in June 2014. This included guidance on the management of outbreak diseases such as viral gastrointestinal and antibiotic prescribing policy. We found details of cleaning requirements for rooms but not how frequently the areas should be cleaned as required under the policy. The cleaning records showed the clinical rooms were last cleaned over a week prior to our inspection. The separate cleaning schedule for toys and books used within the communal areas showed they were

Are services safe?

cleaned a month prior to our inspection on 14 May 2014. The provider may wish to review the frequency of the cleaning to ensure it is sufficient to mitigate the risk of exposure to health associated infections.

Staff told us they had access to sufficient supplies to promote effective infection control, including aprons and gloves. The practice used single use medical devices or sent medical instruments away for decontamination reducing the risks of infections being transferred between patients. We noted that clinical waste bins were appropriately lined with orange bin liners but were not all pedal bins to reduce the risk of infection. However, there was an appropriate colour coded system of waste bags in place to ensure the safe disposal of general, clinical and hazardous waste. Cleaning products were also held securely in a locked cupboard.

We found that staff had received mandatory annual training in infection prevention control. This included hand decontamination, hand washing procedures, sterilisation procedures and use of personal protective equipment and safe used and disposal of sharps.

We found hand hygiene was promoted in communal areas. Patients we spoke to told us the surgery was a nice, bright, light place to visit. They found it was always clean including the toys and toilets.

Staffing and recruitment

We saw that the practice had an effective process in place for recruiting both clinical and non-clinical staff to work at the practice. Checks were routinely undertaken to ensure that clinical staff were fit to practice. This included checks that staff were correctly registered with appropriate professional bodies such as the General Medical Council. Enhanced Disclosure and Barring Service (DBS) checks were undertaken for all staff to ensure their suitability to work with vulnerable patients.

Dealing with Emergencies

We found the practice had basic bad weather plans, dated January 2014. However, the provider did not have contingency plans in place to deal with emergencies that might interrupt the running of the service. For example there were no arrangements in place for patients to access their services at alternative premises if there building was not accessible due to a flood.

We found there was no fire risk assessment in place but good signage advising people of the evacuation procedure within communal areas. There was also an appointed fire lead and the fire evacuation procedures were rehearsed twice a year, the last was held on 26 March 2014. In addition, fortnightly fire alarm checks were conducted on a Monday. Staff confirmed they had attended recent fire training and were confident around the evacuation procedure.

Equipment

Medical equipment such as the defibrillator had been appropriately maintained, stored and reviewed every three months. There were panic alert systems in place which had recently been tested to ensure an appropriate and timely response if staff were to require assistance. There were also appropriate fire systems maintenance reports and annual fire extinguisher certificates in place. However, we found that portable appliance testing had not been conducted to reduce the risk that electrical equipment may expose to people.

Are services effective?

(for example, treatment is effective)

Summary of findings

Improvements were required to ensure the service was effective.

We found that the practice was proactive in identifying patients' individual clinical needs and where they may benefit from additional educational information, health screening services or clinical input. The practice positively engaged and worked in partnership with other services to meet the needs of patients in a coordinated and timely way. All new staff at the practice received a comprehensive induction which gave them the support and guidance to ensure they were able to undertake their role safely and effectively. The practice was effective at monitoring, managing and improving outcomes for patients, but there was no coordination of clinical audits and learning.

We found blood results were not reviewed in a timely and appropriate manner to ensure patients received good care.

Our findings

Promoting best practice

On registration, all patients were invited to attend a new patient check to identify any health issues. New patients requiring medication were reviewed by a GP prior to prescriptions being reissued. There was awareness amongst clinical staff of guidelines such as National Institute for Health and Care Excellence (NICE) guidance and the British Thoracic Society, respiratory guidance.

We found the practice had an effective system in place, searching monthly or more frequently on patients with specific health needs to identify patients who may benefit from educational material or additional health services. They then supplied this to them when they reported to reception.

Management, monitoring and improving outcomes for people

We found that the practice scored well across national quality indicators in all domains such as chronic kidney disease and depression, when compared with neighbouring services with similar demographics. Their patient surveys have been overall positive. Whilst we found audits had been conducted these were in order to produce evidence that the practice had fulfilled contractual requirements. They had not been conducted in order to monitor the quality of service received by patients. Where individual clinical audits had been conducted by GPs, these had not been coordinated to and capture broader learning for the practice.

There was monitoring of specific patient groups such as those on the palliative care register. Staff told us that patients' individual needs were constantly reviewed with partner services. We were told by staff that practice clinical meetings were intended to be monthly but were infrequent. Staff were not, therefore, always provided with an opportunity to regularly assess, monitor and revise the quality of the overall service.

We found referrals were monitored by GPs. We found there was no monitoring of rejected referrals to determine why they had not been accepted or if any delay in being appropriately referred may have been detrimental to the patient.

We looked at patient records and found some patient blood test results had not been looked at by the GP for

Are services effective?

(for example, treatment is effective)

twelve days. In some cases there were abnormalities that required action. We found there were no contingency arrangements in place to cope with the absence of the lead clinician reviewing patient results. Therefore, the practice failed to effectively monitor the quality of service received by patients and implement sufficient systems to ensure the timely review of test results.

Staffing

We saw there was a sufficient mix of non-clinical and clinical skills to meet patient needs. We found that staff were clear about their role and responsibilities. GP's had been appointed lead areas of clinical responsibility such as diabetes, mental health and women's health. Staff received support and guidance to ensure they were able to undertake their role safely and effectively. All staff received a comprehensive induction over two weeks where they shadowed roles within the practice and were supported by a staff member. The practice manager conducted three monthly probationary meetings to support and monitor staff performance ahead of their annual appraisals.

We reviewed five staff files for clinical and non-clinical staff. Staff received annual appraisals and were invited to complete a pre-appraisal form asking them to reflect on their performance. Feedback was sought from colleagues and notes from those meetings were retained on the personnel file. Where performance issues had been identified they had been documented and appropriately managed by the practice manager.

Not all staff had clear training or development objectives. This was acknowledged by the practice manager who told us that new appraisal forms were proposed to make the process clearer. Some staff told us they found the appraisal process intimidating and not useful, but said they would appreciate a more rigorous appraisal process with greater clinical support. Some staff also told us they did not feel valued by the partners and did not believe they understood how staff contributed to delivering care to patients.

Staff told us they felt supported by colleagues and were able to approach them for advice and support. We were informed that one GP had made an informal arrangement to be available to speak with the nurses on a daily basis about clinical matters. Staff spoke highly of the practice manager who they felt was very responsive to individuals' training and development needs. However, there were no formal supervision arrangements in place for some clinical staff, although they were invited to clinical and practice meetings. Nevertheless, the GP registrar told us that they were happy with the support provided by the GPs who oversaw and approved their referrals. A GP registrar is a fully-qualified doctor, who has usually completed their years of training in hospital medicine. They then spend up to 18 months working in a practice to develop their skills in general practice.

Working with other services

We found that the surgery positively engaged with and worked in partnership with other services to meet the needs of patients. We looked at the patient records and found there was an effective system in place to ensure the timely receipt of out-patients letters from hospital and the out of hours service. The records were electronically transmitted to the practice system the next day to inform continuity of care.

The practice had agreed end of life contracts with patients on the palliative care register. These contracts help to ensure patients receive individualised end of life care. They may include specific choices such as how and where they want to be cared for. Palliative care meetings were held every quarter and attended by partner services such as the community matron, district nursing teams and Macmillan nursing team. They discussed and coordinated the patient's care addressing issues such as Do Not Attempt Resuscitation (DNAR) authorities and the patient's capacity to make decisions.

We looked at the coordination of child protection concerns. We found robust multidisciplinary working with social care teams and health visitors where there had been concerns about children.

Health, promotion and prevention

We found the reception and communal areas of the practice provided an extensive range of health and welfare literature for patients. Some of the literature had been presented on tables clearly marked for the attention of a specific group such as elderly people, babies and children and people with chronic diseases. All the literature was regularly reviewed to ensure the information was current.

We were shown the new patient registration pack which included information about NHS summary care records. We saw that attendance to vaccination and screening programmes was better than the national average. We found staff were proactive in identifying patients who may

Are services effective?

(for example, treatment is effective)

benefit from additional services and provided them with appropriate information. Staff encouraged patients to plan their healthcare provision and schedule appointments in advance.

Are services caring?

Summary of findings

The service was caring.

All of the patients we spoke with during our inspection made positive comments about Tollgate Health Centre and the service it provided. Patients who used the practice told us that they were involved in decisions about their care and treatment, and they were treated with dignity and respect.

Our findings

Respect, dignity, compassion and empathy

All of the patients we spoke with during our inspection made positive comments about Tollgate Health Centre and the service they provided. Patients told us the doctors explained things to them and provided them with choices. They were supported throughout the referral process and received coordinated care. They told us consultations could take some time but they did not feel rushed. One patient told us how staff put them at ease when attending the surgery to have her blood taken for tests.

We invited patients to complete comment cards before our inspection. Nine cards were completed. People told us they had been treated with care and respect from both doctors and staff and always felt listened to. We observed and heard members of staff addressing patients in a polite and respectful manner. Staff we spoke with understood issues relating to confidentiality and what information was appropriate to give to relatives and carers. They were mindful to ensure that patients' privacy and confidentiality were respected.

The practice manager told us patients used to be concerned about confidentiality at the reception desk due to the open nature of the reception area. Following discussions with the Patient Participation Group a bus stop system was introduced. There was a clear sign asking people to wait further away from the desk until called, thereby to reduce the risk of conversations being overheard. This had been well received by patients. The PPG is a group of patients registered with the surgery who have no medical training but have an interest in the services provided.

The practice offered a trained chaperone service to patients. A chaperone may provide reassurance and emotional support for a patient undergoing a procedure they may find embarrassing or uncomfortable. The practice did not have a policy on the involvement of carers where patients wished their relatives, friends and carers to be kept updated with their care and treatment. However, in such circumstances patients were asked to submit the request in writing.

The waiting area displayed information which sign posted people to support available, such as citizen's advice, counselling and bereavement services. Where

Are services caring?

bereavement was reported to the practice, the staff told us they spoke with the family and invited them to attend to speak with their GP if they wished. Traumatic events such as a death or loss of a child during pregnancy were identified on the patient record so staff could be sensitive to the person's experiences. A member of the nursing team had received training in supporting patients through bereavement in February 2013.

Involvement in decisions and consent

We saw staff were friendly, caring and professional in discussions with patients on the telephone and face to face. Staff told us that the majority of people who used the service spoke English. Staff had access to an interpreter service where required for patients whose first language was not English.

We received positive feedback from all the patients we spoke with in terms of their involvement in decisions about their care and treatment. Patients told us the clinicians were patient and supportive explaining the options available to them and respecting their choices. This was supported in the patient files reviewed. We found that patients' decisions had been recorded as part of their consultation and treatment notes.

Clinician's demonstrated an understanding of legal requirements when treating children. They understood Gillick competency. This is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. We also spoke with parents of young children. They told us staff confirmed their relationship with the child and whether they agreed that their child could be immunised before care was provided.

Staff demonstrated that they were aware of the Mental Capacity Act (MCA) and how it may relate to patients. The Mental Capacity Act (MCA) (2005) is designed to protect people who may require support to make decisions which are in their best interest. Clinicians told us where a patient may not have capacity or required additional support to make a decision, they worked with the community matron, carers and/or family. A representative from a care home told us that not all their residents had capacity to make decisions. However, where necessary best interest decisions were well documented by the GP and in their records.

We found that there was information on the practice website and in the practice about the NHS Care Data programme. This related to the sharing of health information with other healthcare providers, for improved patient outcomes. We saw that the practice had provided a clear explanation and shown that patients could make a choice about agreeing to this proposal.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to people's needs.

We found that the practice understood the needs of its population and made reasonable adjustments according to the individual needs of patients. There was collaborative working between the practice and other health and social care services which helped to ensure patients received the best outcomes.

Our findings

Responding to and meeting people's needs

We saw that home visits were available for people who were unable to get to the practice for medical reasons. The GPs conducted their visits to patients in care homes between 12-2pm. We spoke with representatives from three care homes where patients were registered at the practice. We were told that they received a good and efficient service as they could request a home visit by the GPs up to midday for patients unable to attend morning surgery.

We found clinics with the practice nurse operated four days a week, in addition to specific clinics for people with asthma, women's health and diabetes. One patient told us that the nurse clinic was a brilliant service, for meeting individual's needs such as arranging monthly prescriptions Patients also benefitted from the decision to ensure that both male and female GPs were available during clinic times so patient preferences could be accommodated.

Access to the service

The practice is located in a purpose built building designed to allow wheelchair access. All consultation rooms were situated on the ground floor and there were a number of car parking spaces available for people located near the entrance. Patients told us it was an excellent practice, a very pleasant environment, easily accessible with good parking facilities.

The practice offered open access consultations from Monday to Friday, which guaranteed that patients who attended before 10am would be seen that morning. Patients spoke positively about the daily drop in between 8.30-10am. Patient told us they had used this as an urgent treatment service at one time or another. One patient described this access as, fabulous and added that they had always been given sufficient time with a GP. Emergency appointments were available in the afternoon.

Patients were able to pre-book appointments on the phone, in person or using the on line system up to six weeks in advance. Staff told us their new patient IT system enabled them to text patients with their appointments details. One patient told us that although the staff were helpful, they found it difficult to get an appointment at short notice even when requested by the GPs.

The practice told us they had extended evening opening service for an extra hour on Tuesdays in response to some

Are services responsive to people's needs?

(for example, to feedback?)

comments made through the Patient Participatory Group (PPG). This was to meet demand, as patients were not able to attend during the day. The PPG is a group of patients registered with the surgery who have no medical training but have an interest in the services provided.

Concerns and complaints

We found the practice website provided details of how people may complain, either directly to a member of staff or in writing to the practice manager. However, verbal complaints were not recorded despite being responded to.

We reviewed the complaints file. There were four written complaints recorded during 2013 and one this year since January 2014. We found a lack of details recorded regarding the complaint, investigation and any actions taken. However, the practice manager was able to provide detailed explanations and evidence to show the allegations had been responded to in a timely and appropriate manner.

Are services well-led?

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

Summary of findings

The service was well led.

There was clear leadership within the surgery. Staff had defined roles and responsibilities and had training and development opportunities. However, there was an absence of regular clinical meetings and audits were not coordinated to capture learning. The practice worked well with their Patient Participation Group to identify and changes how they delivered services to people. The PPG is a group of patients registered with the surgery who have no medical training but have an interest in the services provided.

Our findings

Leadership and culture

The practice was clear about how they wished to sustain and enhance services to their patient group. Staff understood their roles and responsibilities and were responsive to operational demands. The practice benefitted from a stable workforce ensuring continuity of care for patients. As a training practice it encouraged and facilitated the training of GPs. However, some staff told us they did not feel valued by the partners and believed the partners did not understand their roles and how they contributed to patient care.

The practice had applied for external funding for three additional clinical rooms to meet forecast growth in patient numbers. This was based on the proposed building of 600 homes in the area, resulting in an estimated growth of 1800 patients, mainly young families.

Governance arrangements

The practice ensured that staff had appropriate professional registrations to undertake their clinical roles. We found that the clinical performance data had been kept up to date and was used by the practice to assess overall performance by the practice against treating specific diagnosis.

We found that the events and incidents policy stated that significant events would be 'investigated monthly' at clinical meetings. However, clinical meetings were not held monthly, but every three months and the clinical meetings held during 2014 had not been recorded. Therefore investigations may not have received the appropriate and timely attention required for actions to be undertaken

We found partner meetings were held at their discretion. We reviewed the minutes of meetings and found appropriate actions had been taken on business areas such as finances and the management of IT systems.

Systems to monitor and improve quality and improvement

We found the practice had recently changed its patient recording IT system. The new system was introduced to help improve the efficiency and effectiveness of the practice. For example, enabling the practice to monitor clinical staff's appointment capacity and text patients to remind them of appointments.

Are services well-led?

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

The practice manager told us that the clinical staff had additional clinical availability, more than currently required by their patients. This was discussed at the clinical team monthly meetings to determine how best to address this availability of resources. Staff told us the practice manager was conscientious and responsive to concerns from staff and patients. However, we found there was an absence of complaint analysis to identify trends and promote wider learning within the service.

Patient experience and involvement

We found the practice encouraged and valued the involvement of their patients in the Patient Participation Group (PPG) who met quarterly. The PPG is a group of patients registered with the surgery who have no medical training but have an interest in the services provided. The PPG was well established and the members represented a wide range of people including carers, mothers, and people with long term conditions. The group had clear and published objectives and their meetings were well attended by clinical and non-clinical staff.

The PPG reviewed patient surveys and feedback. A summary of these was posted on the practice website. The group were also consulted about how to improve the quality of services received by patients. They had proposed strategies to assist in reducing accident and emergency admissions. This had been escalated to the Clinical Commissioning Group for consideration and potential implementation. PPG members were also invited and involved in the annual infection prevention control audit of the service conducted on 16 December 2014.

Staff engagement and involvement

We spoke with a range of staff who all felt able to express their views and raise any concerns about the care and service provided with the practice manager. However, not all staff reported feeling valued by the partners. We found that monthly practice meetings were attended by all staff. We spoke with staff who informed us that the practice meetings provided staff with a regular opportunity to discuss the running of the practice and raise any matters. They told us that this facilitated communication between clinical and non-clinical staff.

Learning and improvement

Tollgate Health Centre is a training practice and encourages and facilitates the training of GPs.

Staff told us they had received time for education and learning and had undertaken training appropriate to their role.

We reviewed the meeting minutes and found a range of incidents had been discussed and learning had been disseminated to staff, such as viewing the practice's response to domestic violence incidents or the safeguarding of children.

Identification and management of risk

The practice reviewed national patient satisfaction survey information and conducted quarterly patient surveys. This was to assist them to understand and respond to their patients' needs. The most recent survey attracted 147 responses. The practice manager regularly reviewed and analysed all responses along with individual comments made by patients. They compared their performance against neighbouring practices and discussed their findings at practice meetings identifying areas for improvement.

Staff told us they felt supported by the practice where patients had displayed violent or abusive behaviour towards them. The practice first warned the person regarding their behaviour prior to removing them from their patient list. Patients removed from the patient register had been appropriately reported to the Clinical Commissioning Group.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

We found the service was responsive. The practice benefitted from sufficient parking facilities and wide door access for people who used wheelchairs. All consultation and treatment rooms were located on the ground floor. Patients 75 years and over had been identified and were being appointed named GPs. We were told by patients that the practice team were polite and helpful and granted same day visits.

Our findings

During our inspection we saw the practice provided safe, effective, responsive, caring and well led services. The purpose built building enabled easy access for people with mobility issues as consultation and treatment rooms were situated on the ground floor. For patients unable to attend the practice, home visits were available and nurses would also conduct immunisations at their convenience. One representative from a care home told us that the GP's found the time for people and took time to explain to people, they never felt rushed.

The practice had identified 432 patients who were 75 years and over and had written to them advise them of their named GP. The GP had overall responsibility for coordinating the care and support provided by the practice. Patients were offered health screenings with a GP or nurse. Flu clinics were organised specifically for vulnerable older patients such as those residing in care homes.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The service was responsive. The practice had registers for people with long term conditions such as epilepsy and coronary heart disease. These were managed with annual health checks and medication reviews or more frequently if required. The service provided a chronic disease nurse who educated and supported patients to manage their conditions and reviewed care plans. Patients felt supported and were happy with the service they received.

Our findings

During our inspection we saw the practice provided effective, safe, responsive, caring and well led services. The open access consultations and extended opening hours enabled patients to access services with either the chronic disease nurse or GPs. There were appointed clinical leads in chronic diseases such as diabetes. The clinical leads were responsible for the overall delivery of care to the patient group. There were registers of patients with long term conditions and the patients were offered regular reviews of their health conditions and medication.

Palliative care meetings were held three monthly and attended by a multidisciplinary team including the Macmillan nurse team. We saw that patients' care plans were reviewed and amended in accordance with their evolving needs in these meetings. There was constant communication between the clinicians involved in their care to ensure their needs were being met.

People told us that they were happy with the care and treatment they received and felt they were involved in decisions about their care and treatment.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The service was safe, effective and responsive. The open access and advanced booking of appointments enabled people with young children and babies to access timely and appropriate clinical services. There were good immunisation rates for children and monitoring of babies development. People with children reported receiving a good service.

Our findings

During our inspection we saw the practice provided safe, effective and responsive services for mothers, babies, children and young people. The open access appointment and ability to book appointments up to six weeks in advance ensured patients could access services and plan their healthcare. However, one mother we spoke to told us that prior to having children the open access arrangement was convenient, but since having children she found it more difficult. She told us, it could be a long wait with young children and she had gone to the walk in centre as she had found it quicker.

There was an appointed clinical lead specialising in women's health and the practice nurse also provided family planning advice and services. We found there were good immunisation rates for children; these were above the national average. The midwives attended once weekly on a Friday and reported a good relationship with the practice. Staff were aware of the Gillick competency guidelines when assessing whether children under 16 were mature enough to make decisions without parental consent. All staff received training in safeguarding children to assist them to recognise where a child may be at risk.

We spoke with mothers whose children attended the practice; they reported receiving a good polite and supportive service. We also spoke with midwives who attend the practice, they told us it was a very clean practice and also very safe especially for mums with young children.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The service was safe, effective and responsive. The service offered open access appointments and the ability to pre-book appointments six weeks in advance enabling them to plan their healthcare. Overall, working age people told us they were happy with the appointment system.

Our findings

During our inspection we saw the practice provided safe, effective and responsive services for working age people (and those recently retired). The practice offered open access appointments, extended hours one day a week and the ability to pre-book appointments six weeks in advance enabling them to plan their healthcare. The evening clinic was specifically aimed at people who commuted and those people who were unable to attend during the day.

National screening programmes such as smear tests were also facilitated through evening clinic on a Tuesday between 6:30 and 7:30pm. Staff reported that the clinics were popular and were booked up in advance of the day.

Overall, people we spoke with were happy with the appointment system at the practice. We spoke with one patient who told us they worked in central London and would lose half a day's work if it was not for the open surgery arrangements. As they were not required to have an appointment the arrangement was perfect for them. Another patient told us that they would appreciate earlier opening times due to work commitments making it sometimes difficult to attend during the day. Another patient also told us that it was sometimes hard to get an appointment after work hours unless they booked a long time in advance.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The service was safe, effective and responsive. Patients were able to access a trained chaperone service to support them whilst receiving care at the surgery.

Our findings

We found some clinical staff had received training in supporting and providing care to people with learning disabilities.

A register was maintained of patients with learning disabilities who were invited for annual health checks at the surgery or in their home. Non-attendance was followed up and those patients who did not wish to receive a review were asked to confirm in writing, where appropriate.

Patients were able to access a trained chaperone service. The practice also maintained a register of nominated carer's details for people who required additional support. We found all staff were trained in adult safeguarding and understood their responsibilities around keeping people safe.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The service was safe, effective and responsive. Patients received a flexible, individualised and highly accessible service where there was a clear clinical need for the person to access timely care. There was detailed recording of clinical needs and effective partnership working to coordinate the care of people.

Our findings

Where a specific need was identified, patients were offered appointments prior to or after clinic times so it was quieter.

We found detailed records had been maintained for patients. These showed that regular medication reviews were conducted and care was coordinated amongst services.

Staff had access to guidance on how to access support services where a person's mental health had deteriorated. Staff were confident in identifying and making appropriate and timely referrals where they had concerns.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and Welfare of Service Users. There were not effective systems – blood tests were not reviewed and followed up in a timely manner. Regulation 9(1)(b)(i)(ii).

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and Welfare of Service Users. There were not sufficient contingency plans in place to deal with emergencies that might interrupt the running of the service Regulation 9(2).