

The Gate Surgery

Quality Report

Chatham Street

Rotherham

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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 service

Outstanding



Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Gate Surgery on 28 September 2016. The overall rating for the practice was good but with requires improvement for safety. The full comprehensive report for the 28 September 2016 inspection can be found by selecting the 'all reports' link for The Gate Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 28 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Outstanding.

There are a number of outstanding areas highlighted in our inspection report 28 September 2016. We found at both our inspections all the staff were passionate about the service and were proactive in seeking ways to assist patients and the local community. It was clear the staff worked hard to provide a good quality and equitable

service in order to improve care and the quality of life for some of Rotherham's most marginalised and vulnerable groups. Whilst provision of services to the patient group was potentially very challenging the staff enjoyed their work and felt supported in their roles and this was testament to the energy and enthusiasm for the service shown by the Registered Manager.

At this inspection we found the management team had reviewed their last inspection report in detail and had responded to all shortfalls identified not only to meet legal requirements but they had also responded to all minor points in the report. They had taken immediate action following the last inspection to improve and had continued to review and improve policies and procedures and systems where necessary.

Our key findings at this inspection were as follows:

The provider had made the following improvements to meet legal requirements:

- Systems to manage blank prescriptions had been improved to ensure these met NHS Protect guidance.

Summary of findings

- Storage arrangements for vaccines had been improved to ensure these met Public Health England guidance. Arrangements for monitoring the temperature of vaccines when they were transported from the surgery had also been reviewed and improved.

The provider had also made the following improvements:

- A programme of refurbishment had been completed at Rosehill Medical Centre to improve infection prevention and control.
- Security arrangements had been reviewed and improved at the branch surgeries to control access
- Information had been included in complaint response letters to patients on how to escalate a complaint if they are not satisfied with the response from the practice. The practice policy and procedure and web site had also been updated with this information.
- The chaperone policy had been reviewed and updated with more guidance for staff.
- A member of reception staff had been employed to provide additional cover at branch surgeries.

The practice had continued to find innovative ways of working to improve care for their patients and at this inspection we found additional areas of outstanding practice:

- The practice had completed an audit prior to the last inspection to look at patients who had a confirmed diagnosis of human immunodeficiency virus (HIV) and if they had been offered the vaccinations as per the British HIV Association Guidance. In response to the initial audit they had implemented processes to improve the uptake of vaccinations and had invited all patients with the diagnosis to attend. A second audit since the last inspection showed an increase in the number of patients who were offered vaccinations and uptake of the vaccinations. For example, HIV positive patients being offered outstanding vaccinations had increased from 0% to 100% and the uptake of HPV vaccination (for patients under the age of 26 years) had increased from 5% to 50%.
- Due to their specific patient population needs the practice offered screening and vaccination over and above the programme offered to new-born babies of parents diagnosed with Hepatitis B. All children of parents with this diagnosis, regardless of their age, were offered screening and vaccination at this practice. The practice had identified and offered

screening for 57 children in this category, of these 37 had accepted screening. Even if parents declined screening for their child vaccinations were always offered. Of the 57 eligible children a potential total of 285 vaccinations can be given (based on a programme of up to 5 vaccines which not all children would need). The practice had given 207 vaccinations to this cohort with some children still requiring further scheduled vaccinations.

Additionally since the last inspection the practice had also taken the following actions to improve patient care:

- The practice had developed an in-house dementia team following a reduction in the service previously provided externally. The team included clinical and administration staff who had received specific training for this role. The practice had audited their records to identify patients who may be at risk of developing or were living with dementia. The practice had reviewed the care provided and was in the process of working with the patients and their carers to ensure the patients received the required assessments, treatment and support. They had developed systems to ensure on-going monitoring and regular review of their care.
- At the last inspection we did not identify any concerns about how the appointment system was managed although there were varied levels of patient satisfaction. However, we found the practice had been working to improve patient experience in relation to access to appointments in response to patient survey outcomes. Since the last inspection the practice had commenced the Productive General Practice programme. (Productive General Practice is a new programme from the NHS Institute which aims to support general practices in realising internal efficiencies, while maintaining quality of care and releasing time to spend on more value added activities.) The practice had used this system to further review their appointment system. Following an audit they had commenced a nurse practitioner triage system. This had been further audited and showed significant savings equating to 56 GP appointments. The practice had also increased the number of appointments available by 100 per week across the three sites. The practice was continuing to monitor patient satisfaction with the system.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

- Systems to manage blank prescriptions had been improved to ensure these met NHS Protect guidance.
- Storage arrangements for vaccines had been improved to ensure these met Public Health England guidance. Arrangements for monitoring the temperature of vaccines when they were transported from the surgery had also been reviewed and improved.
- A programme of refurbishment had been completed at Rosehill Medical Centre to improve infection prevention and control.
- Security arrangements had been reviewed and improved at the branch surgeries to control access
- Information had been included in complaint response letters to patients on how to escalate a complaint if they are not satisfied with the response from the practice.

Good



Summary of findings

The six population groups and what we found

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

Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 28 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice monitored children on the child protection register at regular intervals, depending on their age. For example, children up to two years of age were monitored on a three monthly basis and if they had not seen a clinician in that time they were referred to the health visitor.
- Due to the practice patient profile the practice had developed a detailed new patient assessment record which identified patients who may be at risk of female genital mutilation (FGM) and a register of children in this risk category was maintained. There was also a clinical lead specifically for this area.
- Immunisation rates were slightly below CCG and national average for standard childhood immunisations, however, the practice took every opportunity to ensure children received their vaccinations
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice hosted weekly clinics at The Gate Surgery with specialist health visitors for the asylum and European Union migrant patient population to improve communication.
- The practice hosted specialist sexual health nurse clinics weekly in line with the post-natal checks for contraception advice. They also offered a walk-in service for condoms. Public health policy stated this is to be offered to patients under 19 years of age but due to the health issues of the practice patient population they offered this service to all patients irrespective of age.
- Due to their specific patient population needs the practice offered screening and vaccination over and above the programme offered to new born babies of parents diagnosed with Hepatitis B. All children of parents with this diagnosis, regardless of their age, were offered screening and vaccination. The practice had identified and offered screening for 57 children in this category, of these 37 had accepted screening. Even if parents declined screening for their child vaccinations were always offered. Of the 57 eligible children a potential total of 285 vaccinations can be given (based on a programme of up to 5 vaccines which not all children would need). The practice had given 207 vaccinations to this cohort with some children still requiring further scheduled vaccinations.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 28 September 2016 which applied to everyone using this practice, including this population group. Additionally we identified the practice had taken action since the last inspection to improve care for patients in this population group. The population group ratings have been updated to reflect this.

- Performance for mental health related indicators was 88%, 2% below CCG average and 4% below national average.
- Performance for depression was 100%, 6% above the CCG average and 8% above the national average. Prevalence of depression in the patient population 5% higher than CCG and 7% higher than national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. All three surgeries hosted improving access to psychological treatment (IAPT) counselling services.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had a significantly lower than average number of older patients with only 10% of patients being over 65 years of age. The practice had a register of patients living with dementia and regularly checked for those who may be at risk.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia. The practice had developed an in-house dementia team following a reduction in the service previously provided externally. This included clinical and administration staff who had received specific training for this role. The practice had audited their records to identify patients who may be at risk of developing or had developed dementia and reviewed their care ensuring all the patients had received the required assessments. They had developed care plans and systems to monitor their care.

Outstanding



The Gate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector.

Background to The Gate Surgery

The provider, Gateway Primary Care C.I.C. (Community Interest Company) is a social enterprise. The practice provides services under an Alternative Provider Medical Services contract (APMS - a locally negotiated contract open to both NHS practices and voluntary sector or private providers) for 7,300 patients from a group of surgeries within the Rotherham CCG. The main surgery operates a specialised contract for the CCG, providing services to asylum seekers, homeless, travellers and a transition home for prisoners who have been high risk but are being released into the community.

The services comprise of the main Surgery:

The Gate Surgery

Chatham house

Doncaster Gate

Chatham Street

Rotherham

S65 1DJ

And two branch surgeries;

Rosehill Medical Centre

52 Rosehill Road

Rawmarsh

Rotherham

S62 7BT

And

Canklow Road Surgery

Henderson Place

Rotherham

South Yorkshire,

S60 2JH

Canklow Road Surgery had moved into new premises since the last inspection which were situated across the road from the previous surgery. This provided improved facilities for both patients and staff.

We visited all three sites during this inspection. All premises have access to car parking facilities and there is access available for wheelchairs and disabled toilet facilities.

The patient population is significantly higher than average in the under 50 year old age group and significantly lower than average in the over 50 year old age groups. The practice is situated in one of the most deprived areas nationally. Over half of the practice population at the main site have English as their second language.

There are five salaried GPs, two female and three male. There is a management team including a performance manager, business manager, clinical manager and a managing director. The nursing team comprises of an advanced nurse practitioner, four practice nurses and two health care assistants. There are ten reception/administration staff.

The reception at each site is open 8am to 6.30pm Monday to Friday and appointments are available 8.30am to 11am

Detailed findings

and 3pm to 5.30pm. Additionally the health care assistant provides a phlebotomy service 7am to 8am on a Wednesday at Canklow Road Surgery and 6.30am to 8am at Rosehill Medical Centre. A GP provides early morning appointments at The Gate surgery from 7am on a Tuesday. The reception opens 15 minutes before the early morning surgeries commence.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of The Gate Surgery on 17 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but with requires improvement for safety. The full comprehensive report following the inspection on 28 September 2016 can be found by selecting the 'all reports' link for The Gate Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Gate Surgery on 17 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff (performance manager, business manager, clinical manager and a managing director and nurses)
- Visited all practice locations
- Looked at information the practice used to manage the service and deliver care.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 28 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of blank prescription security and storage of vaccines were not adequate and did not meet legal requirements.

These arrangements had improved when we undertook a follow up inspection on 17 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- At our last inspection on 28 September 2016 we found systems to manage blank prescriptions did not meet NHS Protect guidance. The systems to monitor the use of blank prescriptions and ensure a clear audit trail through the practice were not adequate. Transporting of blank prescriptions between the main site and the branch sites had not been risk assessed.
- At this inspection we found the practice had completed a thorough review of the whole process for managing blank prescriptions. Improved management systems had been implemented and tested over a three month trial period to ensure systems reflected the NHS guidance. The systems had then been further reviewed and additional improvements had been made. All tasks had been completed by the management team during the trial period to ensure the system was secure. The policy and procedures had been reviewed and updated and detailed records had been implemented and maintained to enable prescriptions to be tracked through the practice.
- At our last inspection on 28 September 2016 we found the fridges used to store vaccines at the Canklow Road Surgery were overfull due to the receipt of the flu vaccines and air could not adequately circulate round the medicines to ensure the appropriate temperature was maintained. The vaccine fridge at The Gate Surgery was plugged into an extension lead and although the fridge plug had a do not remove label plugging into an extension lead increased the risk of this being accidentally turned off. Flu vaccines were transported in cool bags for home visits but a thermometer was not provided and the temperature of this storage was not monitored

- At this inspection we found the practice had provided a larger fridge to manage the stock, they had moved the fridge at The Gate Surgery to reduce the risk of it being switched off accidentally and thermometers had been provided for the cool bags.

The provider had also made improvements in the following areas:

- At our last inspection on 28 September 2016 we found at Rosehill Medical Centre some areas required improvement to ensure cleaning would be effective. In one consulting room the grouting around the sink required replacing and the plaster behind the sink in the patient toilet was cracked. In the cleaners cupboard the wall covering was peeling away from the walls. We also noted an unused pipe in the kitchen leading to the drain outside may not have been capped off appropriately. The property was owned by NHS Property Services. Following the inspection the Registered Manager told us these areas had been reported to the landlord and they provided evidence of this.
- At this inspection we found the practice had attended to the maintenance issues rather than waiting for NHS property services to complete the work and this had been completed to a high standard.
- At our last inspection on 28 September 2016 we observed the security of the practice could be compromised at Rosehill Surgery as the general public could gain unobserved access to the surgery and the consulting rooms via the kitchen from the community gardens. The registered manager advised us this had been reviewed and additional locks had been ordered to address this situation.
- At this inspection we found the practice had attended to the security issues and the work had been completed as planned.

During this inspection we identified two issues which were dealt with immediately by the practice manager.

We saw the vaccine fridge temperatures had been recorded three times per day and data loggers, which continually recorded the temperature of the fridges, were provided. However, at Canklow Surgery we saw staff had not always followed the practice policy and procedure and recorded the possible reason or actions taken when the temperature had been outside the recommended ranges. We saw from the records that the temperatures were only out of range for few minutes and may have related to clinic times when

Are services safe?

the fridge was in use. The clinical manager immediately reviewed all their procedures. They provided evidence they had met with nursing staff to reiterate the policy and procedure, reviewed the records and changed these to ensure the need to record comments and actions was clearer, reviewed the policy and procedure and added further detail about the expectations of staff in reporting issues.

We also found at the same branch surgery the defibrillator pads were past the expiry date. The records stated replacements had been ordered by the staff but on checking the order details we found this had not been completed. There was no evidence in the records to show staff completing the subsequent checks had followed up the order. Replacement pads were immediately provided. The clinical manager provided evidence they had met with nursing staff and reviewed the ordering systems.