

# Tonbridge Medical Group

## 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.

## Ratings

Overall rating for this service

Good



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 Tonbridge Medical Group on 24 November 2016. The overall rating for the practice was good. The practice was rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Tonbridge Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 28 June 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 24 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good.

Our key findings were as follows:

- Records showed that all staff were trained to the appropriate level in safeguarding and basic life support, and that relevant staff were up to date with infection prevention and control training.

- Cleaning equipment, including hazardous cleaning fluids were appropriately stored.
- The practice was able to demonstrate that risks to patients, staff and visitors from fire were being assessed and well managed.
- Records showed a legionella maintenance visit had been carried out by an external company in February 2017. (Legionella is a germ found in the environment which can contaminate water systems in buildings). However, the practice had yet to implement actions to minimise the risk of legionella infection.
- The practice ensured that all confidential waste was appropriately disposed of.
- The practice had recruited members of staff to fill the vacancies in the reception and administrative teams.
- The practice manager held a record of staff training which showed that staff received mandatory and other training appropriate to their roles.
- There was a system that ensured that patients' test results were reviewed promptly, including when their usual GP was away.
- The practice had made some changes to the arrangements for patients wishing to telephone the practice in order to improve access and this was under ongoing review.
- Information about how to complain was displayed in the practice entrance hall and on the website.

# Summary of findings

- The practice had recruited additional members of the patient participation group (PPG) and had involved the PPG in relevant practice meetings.

The area where the provider should make improvements is:

- Implement plans to ensure that action is taken to minimise the risk of the spread of legionella.

**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?

The practice is rated as good for providing safe services.

Good



- Records showed that all staff were trained to the appropriate level in safeguarding and basic life support, and that relevant staff were up to date with infection prevention and control training.
- Cleaning equipment, including hazardous cleaning fluids were appropriately stored.
- The practice was able to demonstrate that risks to patients, staff and visitors from fire were being assessed and well managed. The practice had carried out a fire risk assessment and had implemented its recommendations.
- Records showed a legionella maintenance visit had been carried out by an external company in February 2017. However, the practice had yet to implement monitoring of the temperature of water from hot and cold outlets and regular flushing of little used outlets.
- The practice ensured that all confidential waste was appropriately disposed of.

# Tonbridge Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC lead inspector.

## Background to Tonbridge Medical Group

Tonbridge Medical Group is situated in Tonbridge, Kent. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. Services are provided from two sites: Pembury Road and Higham Lane.

The practice has a patient population of 15,070. The proportion of patients who are aged 20 to 34 years is lower than national averages and the proportion of patients aged 40 to 54 years is higher than the national average. The practice is in an area with a low deprivation score and lower than average levels of unemployment.

Consultation and treatment rooms are located on the ground and first floors at both sites. The ground floors are fully accessible to patients with mobility issues, as well as parents with children and babies. There is no lift access to the first floor at either site. Staff told us that they arrange for patients who had difficulty using the stairs to be seen in one of the ground floor consulting rooms. There is a small car park with dedicated disabled parking spaces at Pembury Road. There is on street parking at Higham Lane as well as a disabled parking space.

There are six GP partners (three male and three female), who are supported by seven salaried GPs (one male and six female). There are two paramedic practitioners (one male

and one female), four practice nurses and three health care assistants (all female). In addition, there is a practice manager, an assistant practice manager and a team of reception and administrative staff.

The practice is a training practice (training practices have GP trainees and Foundation Year Two trainee doctors).

The practice is open between 8am and 6.30pm Monday to Thursday. On Tuesday, the Pembury Road site is open from 8am to 8pm. On Friday, the Higham Lane site is open from 8am to 4.30pm. The Pembury Road site is open from 8am to midday on Saturday.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Tonbridge Medical Group: 64 Pembury Road, Tonbridge, Kent, TN9 2JG
- 9 Higham Lane, Tonbridge, Kent, TN10 4JB.

## Why we carried out this inspection

We undertook a comprehensive inspection of Tonbridge Medical Group on 24 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall (rated as requires improvement for providing safe services and good for providing effective, caring, responsive and well-led services). The full comprehensive report following the inspection on 24 November 2016 can be found by selecting the 'all reports' link for Tonbridge Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Tonbridge Medical Group on 28 June 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

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. We carried out a focused inspection of Tonbridge Medical Group on 28 June 2017. During our visit we:

- Spoke with the practice manager.
- Reviewed documentation to ensure steps had been taken to improve safety systems and processes and that risks were assessed and managed.
- Looked at staff files to review evidence that relevant staff had completed their required training.

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 24 November 2016, we rated the practice as requires improvement for providing safe services because:

- The practice was unable to demonstrate that all staff were up to date with basic life support or safeguarding training nor that relevant staff were up to date with infection prevention and control training.
- Cleaning equipment, including hazardous cleaning fluids were not appropriately stored.
- The practice's fire risk assessment had failed to identify some issues.
- The practice had not adequately managed the risks associated with legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had not ensured that all confidential waste was appropriately disposed of.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a focused inspection of the service on 28 June 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and processes

The practice had revised systems, processes and practices to help keep patients, staff and visitors safe.

- Staff had received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence that nurses were trained in child protection or child safeguarding to a minimum of level two.

The practice had made improvements to the way it maintained appropriate standards of cleanliness and hygiene.

- Records showed that all clinical staff had received training in infection prevention and control.
- The practice had installed locks on cleaning cupboards and all cleaning equipment and hazardous cleaning fluids were securely stored.

### Monitoring risks to patients

The practice had revised the way they assessed and managed risks to patients, staff and visitors.

- The practice had carried out a fire risk assessment in November 2016. We saw that the practice had implemented the recommendations of the report. For example, by installing a fire assembly point notice and putting a fire blanket in the staff room.
- Records showed that since our inspection in November 2016 a legionella maintenance service had been carried out by an external company in February 2017. Staff told us that they planned to include monitoring the temperature of water from hot and cold outlets and regular flushing of little used outlets as part of the duties of the practice's cleaning contractor. However, the practice was unable to demonstrate that they were currently carrying out these activities.
- Patient records were securely stored. The practice had improved arrangements to ensure the safe and timely disposal of confidential waste.
- The practice had recruited members of staff to fill the vacancies in the reception and administrative teams.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- Records showed that staff had received training in basic life support.