

Chembukkavu John George

Dr CJ George

Inspection report

1 Crevequer Chambers,
35 High Street,
Rainham,
Kent.

ME8 7HS.

Tel: 01634231333

Website: theprivatedoctor.com

Date of inspection visit: 7 December 2017

Date of publication: 26/01/2018

Overall summary

We carried out an announced comprehensive inspection on 7 December 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Dr George provides general health consultations, a range of vaccination services, medicines dispensing, minor operations and other medical services.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Dr George some services are provided to patients under arrangements made by themselves, their employer, government departments or insurance companies. These types of arrangements, such as medicals for HGV/PCV Licences, are exempt by law from CQC regulation. Therefore, we only inspected the services subject to regulation.

We asked for patients to complete CQC comment cards prior to the inspection. All the 26 patient comment cards we received were positive about the service experienced.

Summary of findings

Of those 10 specifically mentioned the diagnostic or listening skills of the doctor and five the caring attitude of staff in reception. There were no patients at the service at the time of the inspection.

Our key findings were:

- There was an open and transparent approach to safety but no systematic approach for reporting and recording significant events.
- Staff we spoke did not demonstrate an understanding of their responsibilities regarding safeguarding. The doctor and the reception staff were not trained in safeguarding children and vulnerable adults.
- There was no assessment of the risk of Legionella.
- There was no defibrillator or medical oxygen on the premises.
- Patients' notes were comprehensive. The provider ordered timely and appropriate investigations. These were followed up. Advice to patients was clear. The reasons for the various decisions, such as medicines prescribed, were well recorded.
- Staff told us the provider was approachable and always took the time to listen to members of staff. Most staff had been with the provider for a long time and there was no staff turnover.
- Complaints were not comprehensively recorded.
- There was a lack of overarching governance.

We identified regulations that were not being met and the provider must:

- Ensure there is systematic approach for reporting and recording significant events which complies with the Duty of Candour Regulation.
- Ensure that staff and doctors understand of their responsibilities regarding safeguarding of adults and children.
- Ensure that there is an assessment of the risk of Legionella at the premises and its findings are act upon.
- Ensure there is an assessment of the risk of not having a defibrillator or medical oxygen on the premises and its findings are act upon.
- Ensure practice policies are reviewed to reflect current legislation and best practice.
- Ensure that there is a system for recording and actioning any relevant patient safety alerts.
- Ensure that there are appropriate physical checks, of the fitness for purpose, of the building and equipment such as electrical, fire safety and clinical products.
- Establish and operate an effective system for managing and responding to complaints.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review staff training to identify areas for learning and development. In particular the doctor should be aware of the requirements of the Mental Capacity Act.
- Review the security of patients' notes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Dr CJ George

Detailed findings

Background to this inspection

The registered provider is Dr Chembukkavu John George.

This is a private practice run by one doctor, who is registered and licensed to practise by the General Medical Council. There are no other clinical staff employed. The provider employs two other staff as reception and administration support. The practice is provided in a purpose-built single storey building, and is situated in the centre of the town of Rainham.

Dr George provides general health consultations, a range of vaccination services, medicines dispensing, minor operations and other medical services. About a 1000 patients a year attend the surgery.

Services are provided from

1 Crevequer Chambers 35 High Street Rainham Kent ME8 7HS

Minor operations are carried out at a location nearby which has suitable facilities.

The practice is open from Monday 10am to 3.30pm, Tuesday 8.30am to 3pm, Thursday and Friday 8.30am to 3pm. Dr George undertakes home visits and these are available until 7pm.

We inspected Dr George on Thursday 7 December. The inspection team comprised an inspector and a GP specialist advisor.

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and the statement of purpose.

We interviewed staff, reviewed documents, talked with the provider, examined the facilities and the building. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have an effective system or process that enabled them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• There was no systematic approach for reporting and recording significant events.• Practice policies had not been reviewed to reflect current legislation and best practice• There had not been appropriate physical checks, of the fitness for purpose, of the building and equipment such as electrical, fire safety and clinical products.
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person was not providing care and treatment in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• Staff and doctors did not understand their responsibilities regarding safeguarding of adults and children.• There had been no assessment of the risk to patients of Legionella at the premises.• There was no defibrillator or medical oxygen on the premises nor an assessment of the risks of not having such equipment.

This section is primarily information for the provider

Requirement notices

There was no system for recording and actioning any relevant patient safety alerts

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

In particular:

- Written records of complaints were not comprehensive.