

# Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh

## 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	
Are services effective?	Good	
Are services well-led?	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 Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh on 15 December 2016. The overall rating for the practice was requires improvement. The practice was rated as requires improvement for providing safe, effective and well-led services and rated as good for providing caring and responsive services. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 14 September 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 15 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- All staff were trained to the appropriate level in safeguarding children.

- The practice had improved its systems and processes to assess and manage the risks of legionella and the safe management of blank prescriptions.
- The practice carried out the necessary recruitment checks prior to employing staff.
- The practice had adequate equipment and staff were now appropriately trained to respond to medical and other emergencies.
- There was an induction programme for newly appointed staff and an overall training schedule that ensured staff received training appropriate to their roles. There was an effective system that ensured all staff received annual appraisals.
- The practice's patient administration systems included only current staff.
- The practice was investigating improvements to the telephone access system for patients.
- There were effective arrangements to monitor and improve quality and identify risk.

We found one area where the provider should make improvement:

- The number of carers identified on the practice's system was 10, which was less than 1% of the patient

# Summary of findings

list. The provider should implement a pro-active system that identifies patients who are also carers to help ensure they are offered relevant additional support.

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.

- Since our inspection in December 2016, the practice had ensured that all staff were trained to the appropriate level in safeguarding children and infection control, and that regular fire drills were carried out.
- The practice had systems and processes to assess and manage the risks of legionella infection.
- They had implemented effective systems and processes to ensure the safe use of blank prescription pads and forms.
- The practice carried out the necessary recruitment checks prior to employing staff.
- The practice had adequate equipment to respond to medical emergencies and staff had been trained in basic life support.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Since our inspection in December 2016, the practice had implemented an induction programme for newly appointed staff.
- There was an overall training schedule for the practice that ensured staff received training appropriate to their roles.
- The practice had implemented a system that ensured all staff received annual appraisals.
- The practice's patient administration systems included only current staff.

Good



### Are services well-led?

The practice is rated as good for being well-led.

- Since our inspection in December 2016 the practice had improved its arrangements to monitor and improve quality and identify and manage risk.

Good



# 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

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC lead inspector.

## Background to Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh

Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh (also known as Town Medical Centre) is situated in Sevenoaks, Kent. The practice is aligned to the NHS West Kent Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of approximately 6,300. The proportion of patients who are aged 15 to 34 years is lower than the national average and the proportion of patients aged 35 to 54 years and over 85 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 first floor of a grade II listed building. There is a lift for access to the first floor. Three of the consulting rooms are located down two steps from the waiting room. Staff told us that they would arrange for patients who had difficulty using the stairs to be seen in one of the consulting rooms on the

same level as the waiting room. There is no patient parking, including disabled parking, at the practice. The practice is located in the town centre with access to a number of pay and display car parks, as well as public transport services.

There are four GP partners (two male and two female). One of the partners is full time and three are part time. There are two practice nurses and one health care assistant (all female). In addition, there is a practice manager as well as a team of reception and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8am and 10.30am, and between 2pm and 5pm most days. Extended hours appointments are offered from 7am to 8am on Tuesday and Friday.

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: Town Medical Centre, 25 London Road, Sevenoaks, Kent, TN13 1AR.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh on 15 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall (rated as requires improvement for providing safe, effective and well-led services and rated as good for providing caring and responsive services). The full comprehensive report

# Detailed findings

following the inspection on 15 December 2016 can be found by selecting the 'all reports' link for Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh on 14 September 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 Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh on 14 September 2017. During our visit we:

- Spoke with a range of staff (two GP partners, the practice manager and a member of administrative staff).
- 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 the required training.
- Reviewed governance arrangements.

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 15 December 2016, we rated the practice as requires improvement for providing safe services because:

- The practice was unable to demonstrate that all members of staff had received training on safeguarding children and vulnerable adults to an appropriate level relevant to their role, or had received up to date training in infection control.
- The practice did not have a system to monitor the use of blank prescription forms and pads.
- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and references, checks through the Disclosure and Barring Service and verification of qualifications and registration with the appropriate professional body.
- They were unable to demonstrate that staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check or an assessment of the potential risks involved in using those staff without DBS clearance.
- 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 was unable to demonstrate that it had carried out a recent fire drill or that staff had received fire safety training.
- The practice was unable to demonstrate that all members of staff had received basic life support training.

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 14 September 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- All staff had now received training on safeguarding children and vulnerable adults at a level appropriate to their role.
- The practice maintained appropriate standards of cleanliness and hygiene. Clinical staff had received training in infection prevention and control. Records we viewed confirmed this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had implemented an effective system for monitoring the use of blank prescription pads and forms.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, all files included references, proof of identity and evidence of professional registration, where appropriate. The practice now carried out checks through the Disclosure and Barring Service (DBS) for all staff. The practice held a log of staff members' DBS checks.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- We saw evidence that a professional legionella assessment had been carried out in January 2017 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We also saw that the practice carried out monthly flushing of all pipes and water temperature monitoring.
- The practice had carried out fire drills during staff training days. We saw logs which showed that all staff had attended a fire drill in the last six months. All staff were up to date with fire safety training.

### Arrangements to deal with emergencies and major incidents

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

- Records confirmed that all staff were now up to date with basic life support training. Oxygen was available on the premises, along with adults' and children's masks.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing effective services because:

- The practice was unable to demonstrate that staff had completed an induction programme as this was not recorded in any staff files.
- The practice was unable to demonstrate that all staff had received appropriate training required to carry out their roles.
- The practice was unable to produce evidence of annual appraisals for staff.
- We found that GPs who had left the practice were still live on the practice's computer system and some patients' results were allocated to them for review.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 14 September 2017. The practice is now rated as good for being effective.

### Effective staffing

- The practice had revised its induction programme for new staff and we saw that this was recorded on staff files.
- The log of all staff training had been improved. The practice was able to demonstrate that all staff had completed mandatory training appropriate to their roles including safeguarding, infection prevention and control, fire safety and basic life support.
- The practice had carried out appraisals for all staff and a system had been implemented to ensure these were conducted annually.

### Coordinating patient care and information sharing

- We saw that all GPs no longer working at the practice had been removed from the practice's systems. This helped to ensure that patients' test results were reviewed promptly.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing well-led services because:

- Governance arrangements had not ensured that all risks and issues were identified, recorded and managed, or that mitigating actions were implemented. These included risk assessments for legionella, appropriate checks prior to employing staff and ensuring all staff had received mandatory training such as in safeguarding, fire safety and basic life support. The practice had failed to ensure that staff were removed from the patient administration system when they left the practice.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 14 September 2017. The practice is now rated as good for being well-led.

### **Governance arrangements**

The governance arrangements at the practice had improved. The practice now had an overarching risk management framework which helped to identify and manage risk to patients, visitors and staff.

- Risks had been formally assessed. For example, those relating to legionella infection, safeguarding and other mandatory training, staff pre-employment checks and arrangements to respond to emergencies.
- The patient administration system had been updated to include only staff currently working at the practice.