

# John Tasker House Surgery

## Inspection report

John Tasker House  
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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 location

Good 

Are services safe?	Good 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

We carried out an inspection of this service due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions:

Are services at this location effective?

Are services at this location well-led?

Because of the assurance received from our review of information, we carried forward the ratings for the following key questions:

Are services at this location safe?

Are services at this location caring?

Are services at this location responsive?

At the last inspection on 11 November 2015 we rated the practice as good overall.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected.
- information from our ongoing monitoring of data about services.
- information from the provider, patients, the public and other organisations.

**We have rated this practice as good overall, and requires improvement for effective services.**

We rated the practice as **requires improvement** for effective services because:

- Some patients suffering with long-term conditions and those suffering from poor mental health were not receiving regular monitoring and reviews as highlighted by low QOF data. Exception reporting was also high in some areas.

We rated the practice as **good** for providing well-led services because:

- Patients' were assessed, and care and treatment was provided in line with current legislation, standards and evidence-based guidance.

- The practice routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff supported patients with care and advice to live healthier lives.
- Effective care and treatment was coordinated with other organisations.
- Staff had the knowledge and skills to carry out their roles.
- Staff members were encouraged to be involved in any development or change and improvements at the practice.
- Leadership at the practice promoted compassionate, person-centred, inclusive, and effective care at all levels.
- Governance arrangements showed there were clear responsibilities, of roles and systems of accountability to support the services provided at the practice.
- Patients told us they were involved in decisions about their care.
- There were clear and effective processes to manage risks, and issues in performance.
- The practice involved the public, staff and external partners to support them provide sustainable care. The patient participation group told us the practice were always open to their ideas and allowed them to be involved in many practice developments.

The areas where the provider **should** make improvements are:

- Improve the monitoring and review of patients with long-term conditions and those suffering from poor mental health. Implement an improved system for exception reporting patients.
- Improve the uptake of patients eligible for cervical cancer screening, and ensure evidence of all screening is documented in patient records.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

Older people	Good	
People with long-term conditions	Requires improvement	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Requires improvement	

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

## Background to John Tasker House Surgery

John Tasker House Surgery is situated in the town of Dunmow in Essex. The practice has a branch surgery in the nearby town of Felsted; at The Surgery, Braintree Road, Felsted Essex. We did not visit the branch surgery as part of this inspection.

The practice has a population of approximately 15,000 patients, and includes at least 45 people living on a traveller site and over 100 living in residential care. The practice is an accredited training and research practice. They are registered with CQC to deliver regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, and treatment of disease, disorder or injury.

The practice team comprises five GP partners, six salaried GPs, and four registrar GPs (these are GPs in training that are monitored and receive training from GP trainers at the practice). There are both male and female GPs seeing patients at the practice. There is a team of five nurses a healthcare assistant and an emergency care practitioner that provides the home visiting service. There is a team of 15 administrative staff members and a practice manager working at both sites. There is also a dispensary at each practice with ten trained and dedicated dispensary staff members.

John Tasker House provides primary care services under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England to deliver services to the local community.

The practice is open from Monday to Friday between the hours of 8am - 6.30pm. They also deliver evening appointments between 6.30pm and 8pm on Monday and Thursday evenings for pre-booked appointments only. For care and treatment outside these hours patients can access care by calling 111 for the out of hours service provider.

The practice has a higher than average demographic of patients aged 15 to 64 years of age in comparison with the national average.

The practice population is in the ninth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area showing this practice is in one of the least deprived categories compared to the national average.