

# Guildhall Surgery

## Inspection report

65-69 Guildhall Street  
Folkestone  
CT20 1EJ  
Tel: 01303851411

Date of inspection visit: 19 October 2022  
Date of publication: 02/12/2022

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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

# Overall summary

We carried out an announced comprehensive at Guildhall Surgery on 19 October 2022. Overall, the practice is rated as good.

We rated the following key questions as:

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Requires improvement

## Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection.

Following our previous inspection on 25 February 2022 the practice was rated inadequate overall with a rating of inadequate for providing safe and well-led services. The practice was rated as requires improvement for providing effective services. As a result of the concerns identified, we issued two warning notices for breaches of Regulation 12: Safe care and treatment and Regulation 17: Good governance. We also issued two requirement notices for breaches of Regulation 13: Safeguarding service users from abuse and improper treatment and Regulation 19: Fit and proper persons employed. The practice was placed into special measures.

The full reports for previous inspections can be found by selecting the 'all reports' link for Guildhall Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing facilities.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

## Our findings

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

# Overall summary

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

We found that:

- Safeguarding processes had been reviewed and updated to operate more effectively and staff were trained to appropriate levels for their role.
- The practice had improved their oversight of test results and these were now reviewed in a timely manner.
- The practice had made improvements to its authorisations to administer medicines by Patient Group Directions.
- The practice had improved the process for monitoring patients' health in relation to the use of high-risk medicines.
- The practice had reviewed the system to record, monitor and share learning from significant events.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The practice had improved their systems and processes to keep clinicians up to date with current evidence-based practice.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had a clear vision and credible strategy to provide high quality sustainable care.
- Some of the systems and processes to support good governance and management were not operated effectively. In particular, the system in place for the summarisation of new patient notes was not effective, complaints responses did not consistently provide details of how to take further action if patients were not satisfied with the response and the practice had not ensured non-clinical staff vaccinations were held in line with national guidance.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Continue to improve the uptake of childhood immunisations.
- Continue to improve the uptake of cervical screening.
- Continue to take action to address patient feedback and improve access to the service.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and reviewed evidence remotely. The lead inspector was supported by a second inspector who undertook a site visit and GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Guildhall Surgery

Guildhall Surgery is located in Folkestone, Kent.

65-69 Guildhall Street

Folkestone

Kent

CT20 1EJ

The practice website is: [www.guildhallstreetsurgery.co.uk](http://www.guildhallstreetsurgery.co.uk)

The provider is registered with CQC to deliver the Regulated Activities;

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Treatment of disease, disorder or injury
- Surgical procedures

The practice is situated within the Kent and Medway Integrated Care System (ICS) and

delivers General Medical Services (GMS) to a patient population of approximately 9,207. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices as part of Total Healthcare Excellence (THE) WEST Primary Care Network (PCN).

Information published by Public Health England report deprivation within the practice population group as the second on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has a high prevalence of patients experiencing mental health and depression than the local and national averages.

According to the latest available data, the ethnic make-up of the practice area is 93.2% white, 4.2% Asian, 1.4% Mixed, 0.8% Black, and 0.5% Other.

There is a team of two GP partners, two salaried GPs and one GP locum. The practice has a team of four practice nurses and one healthcare assistant. The team is supported by an administrative team (including; medical secretaries, prescription clerks and receptionists) overseen by a practice manager.

The practice is open between 8am to 6.30pm Monday to Friday, with extended hours operated on Monday evenings until 8.30pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Out of hours services are provided by the 111 service.

This section is primarily information for the provider

## 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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was failing to ensure there were effective systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none"><li>• The system in place for the summarisation of patient notes was not effective.</li><li>• Complaint responses did not consistently provide details of how to take further action if patients were not satisfied with the response.</li><li>• Staff vaccinations for non-clinical staff members were not held in line with national guidance.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>