

Chembukkavu John George

Dr CJ George

Inspection report

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Overall summary

We carried out an announced comprehensive inspection of Dr CJ George on 7 December 2017. The service required improvement for safe, responsive and well-led services. The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Dr CJ George on our website at www.cqc.org.uk.

We carried out an announced focused inspection on 21 August 2018 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 7 December 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our findings were:

Are services safe?

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

Are services responsive?

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

Are services well-led?

We found that this service was 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At our last inspection 7 December 2017 we found:

- There was no systematic approach for reporting and recording significant events which complied with the Duty of Candour Regulation.
- Staff and doctors did not understand their responsibilities regarding safeguarding of adults and children.
- There was no assessment of the risk of Legionella at the premises.
- There was no assessment of the risk of not having a defibrillator or medical oxygen on the premises.
- Practice policies were not reviewed to reflect current legislation and best practice.
- There was no system for recording and actioning any relevant patient safety alerts.
- There were no appropriate physical checks of the fitness for purpose, of the building and equipment such as electrical, fire safety and clinical products.
- There was no effective system for managing and responding to complaints.

Summary of findings

We checked these areas as part of this focussed inspection and found these had been resolved.

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 Driving Licences, are exempt by law from CQC regulation.

Therefore, we only inspected the services subject to Regulation.

Our key findings were:

- There was a systematic approach for reporting and recording significant events which complied with the Duty of Candour Regulation.
- Staff and doctors understood their responsibilities regarding safeguarding of adults and children.
- There was an assessment of the risk of Legionella at the premises and its findings acted upon.
- There was an assessment of the risk of not having a defibrillator or medical oxygen on the premises and its findings were acted upon.
- Practice policies were reviewed to reflect current legislation and best practice.
- There a system for recording and actioning any relevant patient safety alerts.
- There were appropriate physical checks of the fitness for purpose, of the building and equipment such as electrical, fire safety and clinical products.

There was an effective system for managing and responding to complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- We found there was a system for reporting events and that learning from significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services responsive to people's needs?

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from one example we reviewed showed that the provider responded quickly to issues raised. There was evidence of learning from complaints.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership structure and staff felt supported by management. The policies and procedures to govern activity were effective. There were regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- There was a culture of openness and honesty.
- The provider had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels

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. Approximately 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 one or twice a month in the minor operations theatre of Wigmore Surgery which is located nearby. We did not visit this site on the day of our inspection.

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 21 August 2018. The inspection team comprised of a CQC inspector.

Before visiting, we reviewed information sent to us by the service that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with a receptionist and Dr George as well as, reviewed information, documents and records kept at the service.

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

- Is it safe?
- 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.

Are services safe?

Our findings

Safety systems and processes

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding. The doctor had HSQE (Health Safety Quality Environment) on-line advanced level training in safeguarding and all staff had received on-line training in safeguarding children and vulnerable adults relevant to their role. Staff knew who the lead for safeguarding was and how to make reports to them. The practice did not see children. The practice defined children as patients under 12 years old. However, children sometimes attended when their parents came for appointments.
- There was a system for recording and actioning any relevant patient safety alerts. For example, we saw that there had been a medicines alert and that all patients prescribed the medicine had been contacted to check that they were not using the affected batch. We saw that re-assurance had been given to patients and their carers.

The practice had a variety of risk assessments to monitor safety of the premises such as:

- Control of substances hazardous to health and infection control
- There was a risk assessment regarding Legionella (Legionella is a term for a pathogen which can contaminate water systems in buildings). The risk assessment showed that the risks were low and being properly managed, as the premises did not have any purpose-built water systems, cooling towers or evaporative condensers,
- Fire alarm checks were carried out regularly.

Risks to patients

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

- All staff had received annual basic life support training. There were emergency medicines available and staff knew where they were located.
- There was no defibrillator or medical oxygen on the premises. However, there was a risk assessment which

found this risk of not holding this equipment to be low. Dr George had made enquiries regarding a defibrillator, located close by on the wall in the High Street and had gained the code to access this. Dr George had noted the location of the defibrillator and the access code in the "Risk Management Policy Statement". We saw that the Risk Management Policy had been updated to show the action to be taken if a patient collapsed or sustained a cardiac arrest. Dr George had the training and skills to operate the defibrillator. Dr George had the required emergency drugs and an Ambu bag for ventilation. (An Ambu bag is a manual resuscitator or "self-inflating bag", hand held device commonly used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately.)

- Dr George had carried out risk assessments to identify all risks associated with the premises including the small amount of electrical and clinical equipment used at the practice. However, we found that electrical and clinical equipment had not been checked or calibrated formally since 2010. Checks were required to help ensure it was safe to use and in good working order. Following our inspection, the provider sent a certificate to show that an in service inspection and testing of electrical equipment had been carried out by an external company on 1 September 2018.

Track record on safety

- There was a system for reporting and recording significant events. Records showed that there had been 15 significant events or near misses over the last year.
- There were monthly staff meetings where significant events were discussed and learning shared.

Lessons learned and improvements made

There had been one incident where histology results/report had not been received following minor surgery. As a result and following discussion between the doctor and staff team, a checking mechanism was introduced. We saw that a new column had been added to the minor surgery register to log when histology had been sent, and another column for when results/report had been received and the outcome, and had regularly been completed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Listening and learning from concerns and complaints

Complaints were recorded in a book. There had been one verbal complaint about medication since our last

inspection in December 2017. Records showed the date and nature of the complaint and that Dr George had spoken with the patient and dealt with the complaint in line with the complaints policy.

Are services well-led?

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

Our findings

Governance arrangements

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These had been updated and reviewed.
- Clinical governance arrangements were reflective of the increase in both treatments available and additional consultants on site.

Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients and staff.

- There were high levels of staff satisfaction.
- Staff told us how they could contribute to the efficient running of their aspect of the organisation and attended monthly staff meetings.
- The provider regularly surveyed patients about their satisfaction with the service.

Continuous improvement and innovation

There was evidence of quality improvement activity.

- There were two pieces of work reflecting on the effectiveness of the use of a medicine used for the treatment of patients with general anxiety disorder. There was one piece of work reflecting on the effectiveness of the use of proton pump inhibitors (used for
- An audit had been completed on 28 August 2018 for 14 randomly selected patients treated with antibiotics showing an objective assessment of the quality of clinical care and patient outcomes.