

# Dr Lalta Sachdeva

## Quality Report

Abbey Court Medical Centre  
3rd Floor Abbey Court  
7-15 St Johns Road  
Tunbridge Wells  
Kent  
TN4 9TF

Tel: 01892 520027

Website: [www.abbeycourtmedicalcentre.nhs.uk](http://www.abbeycourtmedicalcentre.nhs.uk)

Date of inspection visit: 4 October 2017

Date of publication: 13/11/2017

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 effective?

Requires improvement



Are services caring?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6

### Detailed findings from this inspection

Our inspection team	10
Background to Dr Lalta Sachdeva	10
Why we carried out this inspection	10
How we carried out this inspection	10

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Lalta Sachdeva (also known as Abbey Court Medical Centre) on 9 February 2017. The overall rating for the practice was requires improvement. The practice was rated as requires improvement for providing effective, caring and well-led services and rated as good for providing safe and responsive services. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for Dr Lalta Sachdeva on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection conducted on 4 October 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 9 February 2017. 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:

- The practice had improved its systems and processes in order to help ensure care plans were comprehensive in detail.

- Data showed patient outcomes were below the local and national average in some areas of care, Quality and Outcomes Framework
- Governance arrangements had been improved. These helped to ensure there was an effective system for routinely checking the indemnity insurance of all clinical staff, that care plans were being routinely reviewed, monitored and updated (where appropriate) and test results were being routinely actioned. Additionally, national GP patient survey results were also being monitored and reviewed.

The practice had also taken appropriate action to address areas from our previous inspection where they should make improvements:

- The practice had taken appropriate measures to help ensure they identified patients who are also carers so that they are offered appropriate support. % of the practice list).

However, there were areas where the provider should make improvement:

# Summary of findings

- Continue to ensure care plans are updated, in accordance with their action plan to address areas where data is unknown. For example, care plans which had next of kin contact details recorded as 'unknown'.

**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 effective?

The practice is rated as requires improvement for providing effective services.

- Since our inspection in February 2017 the practice had improved its systems and processes in order to ensure care plans were comprehensive in detail and contained information regarding do not resuscitate orders and next of kin details.
- Data showed that care and treatment was not always delivered in line with recognised professional standards and guidelines. For example, 68% of patients with diabetes, on the register, in whom the last IFCC HbA1c (a blood test to check blood sugar levels) was 64 mmol/mol or less in the preceding 12 months (local average 78% and national average 79%).
- The practice was below national and local averages for results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 48% of eligible patients had been screened for bowel cancer, which was below the CCG average of 61% and the national average of 58%. Fifty six percent of eligible patients had been screened for breast cancer, compared to the local average of 74% and the national average of 73%.
- The practice was below national and local averages for results in relation to childhood immunisations. However, the practice had made significant improvement to ensure there were systems and processes to address these.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Since our inspection in the practice had improved its systems and processes in order to help ensure data from the national GP patient survey was being routinely monitored.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice received mixed averages for its satisfaction scores on consultations with GPs. For example, satisfaction scores for consultations with GPs and nurse ranged between lower than and in line with local and national averages.

Good



### Are services well-led?

The practice is rated as good for providing well-led services.

- Since our inspection in the practice had improved its systems and processes in order to help ensure governance arrangements were effective.

Good



# Summary of findings

- Governance arrangements had been improved. These helped to ensure there was an effective system for routinely checking the indemnity insurance of all clinical staff, that care plans were being routinely reviewed, monitored and updated (where appropriate) and test results were being routinely actioned. Additionally, national GP patient survey results were also being monitored and reviewed.

# 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 the provision of effective, caring and well-led care identified at our inspection on 9 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

The provider had resolved the concerns for the provision of effective, caring and well-led care identified at our inspection on 9 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were lower than the national average, with 68% of patients with diabetes, on the register, in whom the last IFCHbA1c (a blood test to check blood sugar levels) was 64 mmol/mol or less in the preceding 12 months (local average 78% and national average 79%). However, this was a 15% increase on the previous year.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Care plans were now comprehensive in detail and contained up to date information.

Good



# Summary of findings

## Families, children and young people

The provider had resolved the concerns for the provision of effective, caring and well-led care identified at our inspection on 9 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were below average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the local average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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

The provider had resolved the concerns for the provision of effective, caring and well-led care identified at our inspection on 9 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was an early morning clinic every Tuesday from 7am to 8.30am, a lunchtime clinic every Wednesday from 1.30pm to 4pm and an early evening clinic every Wednesday from 6pm to 7.30pm in order to support commuters with accessing appointments.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The provider had resolved the concerns for the provision of effective, caring and well-led care identified at our inspection on 9 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The provider had resolved the concerns for the provision of effective, caring and well-led care identified at our inspection on 9 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Performance for dementia related indicators were similar to the local and national averages. Eighty eight percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local and national average of 84%.
- Performance for mental health related indicators were similar to the local and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 92% and national average 89%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good





# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Dr Lalta Sachdeva

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr Lalta Sachdeva

Dr Lalta Sachdeva (also known as Abbey Court Medical Centre) delivers services from purpose built premises in Tunbridge Wells, Kent. There are 4,000 patients on the practice list. The practice is similar across the board to the national averages for each population group. For example, 38% are aged under 18 years compared to the CCG average of 40% and the national average of 38%. Scores were similar for patients aged 65, 75 and 85 years and over. The practice is in one of the least deprived areas of Kent.

The practice holds a General Medical Service contract and is led by two GP partners (female and male). The GP partners are supported by a locum GP (female), a practice nurse (female) and a healthcare assistant (female), a practice manager and a team of administration and reception staff. A range of services and clinics are offered by the practice including asthma and diabetes.

The practice is open from 8am to 6.30pm. Morning appointments are from 8.30am to 11.00am and afternoon appointments are from 3.30pm to 6pm. There is an early morning clinic every Tuesday from 7am to 8.30am, a lunch time clinic every Wednesday from 1.30pm to 4pm and an early evening clinic every Wednesday from 6pm to 7.30pm.

An out of hour's service is provided by Integrated Care 24, outside of the practices open hours. There is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from:

Dr Lalta Sachdeva, Abbey Court Medical Centre, 3rd Floor  
Abbey Court, 7-15 St Johns Road, Tunbridge Wells, Kent,  
TN4 9TF

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Lalta Sachdeva on 9 February 2017 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 effective, caring and well-led services and good for providing safe and responsive services). The full comprehensive report following the inspection in February 2017 can be found by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Lalta Sachdeva on 9 February 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

During our visit we:

## Detailed findings

- Spoke with a range of staff (the practice manager and three administrative staff) as well as, reviewed information, documents and records kept at the practice.

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 effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 9 February 2017, we rated the practice as requires improvement for providing effective services because:

- Data showed that care and treatment was not always delivered in line with recognised professional standards and guidelines.
- Care plans were not always comprehensive in detail and did not always contain information regarding do not resuscitate orders or next of kin details.
- The practice was below national and local averages for results in relation to its patients attending national screening programmes for bowel and breast cancer screening.
- The practice was below national and local averages for results in relation to childhood immunisations. However, the practice had made significant improvement to ensure there were systems and processes to address these.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 4 October 2017. However further improvements are required and therefore the practice remains rated as requires improvement for providing effective services.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, with 11% exception reporting (compared to the local average of 11%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Data showed that care and treatment was not always delivered in line with recognised professional standards and guidelines. For example, performance for diabetes related indicators were lower than the CCG and national average, with only 68% of patients with diabetes, on the register, in whom the last IFCC HbA1c (a blood test to check blood sugar levels) was 64 mmol/mol or less in the preceding 12 months (local average 78% and national average 79%). This was a 15% increase on the previous year.
- Performance for dementia related indicators were similar to the local and national averages. 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local and national average of 84%. This showed an increase of 31% on the previous year.
- Performance for mental health related indicators were comparable to the local and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 92% and national average 89%). This showed an increase of 6% on the previous year.

The practice had designated administrative staff to routinely monitor QOF targets. The practice provided us with data from 2016/17 (which has not yet been verified, published and made publicly available) and these showed the practice had made improvements in achieving targets.

### Coordinating patient care and information sharing

The practice had ensured that care plans were up to date and were now comprehensive in detail. We reviewed a sample of 23 patients care plans and found these had been reviewed and updated to include the contact details of the patients' next of kin and now made reference to whether a patient had a do not resuscitate order, which were previously only recorded on their electronic patient record. There were some care plans which had details recorded as 'unknown' and the practice had an action plan to acquire the data needed from external sources. For example, from carers or other care providers (such as residential care homes).

### Supporting patients to live healthier lives

## Are services effective?

(for example, treatment is effective)

The practice achieved low results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 48% of eligible patients had been screened for bowel cancer, which was below the CCG average of 61% and the national average of 58%. However, this showed a 1% increase on the previous year. Fifty six percent of eligible patients had been screened for breast cancer, compared to the local average of 74% and the national average of 73%. However, this showed a 5% decrease on the previous year.

Childhood immunisation rates for the vaccinations given were lower than the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in any

of the four areas (ranging between 56% to 89%). These measures can be aggregated and scored out of 10, with the practice scoring 7.5 (compared to the national average of 9.1). The practice provided us with data from 2016/17 (which has not yet been verified, published and made publicly available) and these showed the practice had achieved a target range of between 78% to 90%. Additionally, at our inspection of May 2017, the practice had implemented a system to help ensure those patients (or their parent/guardian) who did not attend for their immunisations, were sent reminder letters to remind them of importance of having a child immunised. A system which staff reported was working well.

# Are services caring?

## Our findings

At our previous inspection on 9 February 2017, we rated the practice as requires improvement for providing caring services because:

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.

Arrangements had improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing caring services.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice received mixed averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%).

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 86%).
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 92%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 74% and the national average of 71%.

Systems and processes had been improved in order to help ensure national GP patient survey results were being routinely monitored and reviewed. We were told by staff that discussions were held and actions were being taken by the practice. For example, the practice had gathered feedback from their patients via the use of the friends and family test, comments and suggestions box in the reception area for patients to use. Such feedback was used to inform and changes that may be necessary, in order to improve low scoring areas of care.

The practice had taken appropriate measures to help ensure they identified patients who are also carers so that they are offered appropriate support. The practice had identified 26 patients as carers (1% of the practice list).

# 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 9 February 2017, we rated the practice as requires improvement for providing well-led services because:

- Not all governance procedures had been established effectively. For example, we found that approximately 200 test results had been reviewed and actioned, had remained on the system and there was no process or procedure for routinely clearing these.
- Governance arrangements had also failed to identify the issues with care plans.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing well-led services.

### Governance arrangements

The practice had improved their overarching governance framework which supported the delivery of the strategy and good quality care, in order to ensure they were effective.

We saw that there was an established system for ensuring that test results were reviewed and actioned and routinely cleared from the computer system on a daily basis. All existing test results had been appropriately cleared.

Additionally, governance arrangements had been improved in order to ensure there was an effective system for routinely checking the indemnity insurance of all clinical staff. Care plans were also now being routinely reviewed, monitored and updated (where appropriate) and action had been taken by the practice to ensure national GP patient survey results were being monitored and reviewed.