

Dr Richard Geoffrey Taylor

# Taylor-Mohrs Occupational Health Services

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 20 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

We found that this service was providing caring services 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.

Taylor-Mohrs Occupational Health Services provides an occupational health service, a travel vaccine service and a referred blood collection service (taking blood for testing at the request of other organisations) for people over 18 only. The service does not prescribe any medicines with the exception of malarone (a medicine used to prevent and treat malaria).

This service is registered with 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 Taylor-Mohrs Occupational Health Services are provided to patients under arrangements made by their employer/ a government department/ an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Taylor-Mohrs Occupational

# Summary of findings

Health Services, we were only able to inspect the services which are not arranged for patients by their employers/ a government department/an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

A total of 50 people provided feedback about the service through the completion of comment cards. All of the comments were positive about the service; patients described the service as being professional and friendly, with several comments about patients being listened to and feeling very comfortable with the approach and manner to them from the staff.

## **Our key findings were:**

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All consultation rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- The staff team maintained the necessary skills and competence to support the needs of patients.
- The staff team were up to date with current guidelines and were led by a proactive provider.
- Risks to patients were well managed for example, there were effective systems in place to monitor and improve the quality of patient records.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

# 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 an effective system for reporting and recording incidents; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The service had processes and services to minimise risks to patient safety.
- Risk assessments relating to the health, safety and welfare of patients using the service had been completed in full.
- The provider demonstrated that they understood their safeguarding responsibilities and all had received training on safeguarding vulnerable adults and children relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

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### **Are services effective?**

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

- The practice provided evidence based care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance such as that from the Public Health England.
- The clinicians were up-to-date with current guidance and received professional development appropriate to their role and learning needs.
- The clinicians were registered with the appropriate professional regulatory body and had opportunities for continuing professional development and were meeting the requirements of their professional registration.
- The provider demonstrated an understanding of the Mental Capacity Act 2005.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Feedback from a patient through a completed comment cards was positive about their experience at the service.
- Patients told us they were listened to, treated with respect and were involved in the discussion of their treatment options which included any risks and costs.
- Patients were contacted after consultations for follow up results and information.

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### **Are services responsive to people's needs?**

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

- Patients could access planned assessments, and could request direct contact with the doctor to discuss results or for any further advice.
- The provider had made reasonable adjustments to accommodate patients with a disability or impaired mobility.
- The provider handled complaints in an open and transparent way and apologised when things went wrong. The complaint procedure was readily available for patients to read in the reception area.

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### **Are services well-led?**

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

# Summary of findings

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- There was a management structure in place and the provider understood their responsibilities. The provider was always available and the culture within the practice was open and transparent.
  - There were effective clinical governance and risk management structures in place.
  - There was a pro-active approach to identify safety issues and to make improvements in procedures where needed.
  - The provider assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning.
  - The provider sought the views of patients, and ensured policies and procedures were in place to support the safe running of the service.
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# Taylor-Mohrs Occupational Health Services

## Detailed findings

### Background to this inspection

Dr Richard Geoffrey Taylor is the provider trading as Taylor-Mohrs Occupational Health at 2 Clifton Park, Bristol BS8 3BS; the service is registered as a private doctor's consultation service. The premises are leased and the landlord provides services such as reception staff and access to emergency equipment as part of the lease. The landlord also employs a building manager who ensures that all staff at the building are trained and updated in health and safety procedures and basic life support.

Taylor-Mohrs Occupational Health's statement of purpose identifies the provision of occupational health services including immunisation to the general public. There are three doctors and one nurse working at the service supported by an administrative team. The provider also offers services which are not regulated by CQC such as occupational health reviews. The service is open at 2 Clifton Park Monday -Thursday 8.30am to 4.30pm and Friday 8.30am to 1.00pm five days a week. All appointments must be pre-booked. All patients are required to complete a comprehensive health questionnaire/declaration prior to their appointment.

The service is registered to provide the following regulated activities:

Diagnostic and screening

Treatment of disease, disorder or injury

The service includes:

Travel advice and vaccinations

Health screening and occupational medical assessments

Referred blood collection service

We inspected Taylor-Mohrs Occupational Health on 20 August 2018. The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

We informed NHS England, Health watch and the clinical commissioning group that we were inspecting the service; however, we did not receive any information of concern from them.

Prior to the inspection we received the pre-inspection information for the provider and reviewed the information available on their website.

During our visit we:

- Spoke with the provider and clinical staff.
- Reviewed records and documents.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- 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

We found that this service was providing safe services in accordance with the relevant regulations. The service had processes and services to minimise risks to patient safety. We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. Risk assessments relating to the health, safety and welfare of patients using the service had been completed in full. The provider demonstrated that they understood their safeguarding responsibilities. The practice had adequate arrangements to respond to emergencies and major incidents.

### Safety systems and processes

The provider had systems to keep patients safe and safeguarded from abuse.

- The provider conducted safety risk assessments. The service had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff; level three child safeguarding training had been completed by clinical staff however the service did not have patients under 18 years of age.
- The provider carried out recruitment checks, including CV's, checks of professional registration and sought references for the clinical team employed at the site. The provider maintained evidence of current professional registration including professional revalidation.
- Disclosure and Barring Service (DBS) checks were undertaken check for all staff as per their service policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The premises were suitable for the service provided. There was an overarching health and safety policy which all staff received. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Regular health and safety audits were completed. An assessment of the risk and management of Legionella had been undertaken (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- All staff received induction training and regular refresher training for health and safety, fire safety awareness, and safeguarding relevant to their role, however infection control training needed to be updated. Post inspection the provider sent us evidence that this had been completed.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff had received annual basic life support training.
- The service had access to emergency equipment and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises; there was oxygen available for use in an emergency situation. This was provided by the landlord as part of the leasing arrangements however the provider had sought assurance that this equipment was checked and ready for use. We found the provider kept medicines and equipment within the consultation rooms for dealing with anaphylaxis. This was checked to ensure it was in date.
- Professional indemnity arrangements were in place for all clinical staff.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information collated, such as if a patient had any allergies or a record of the medicines used for treatments needed to improve to ensure these questions were asked every time. We saw consistent information was recorded for all patients.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

- The provider stored a limited supply of medicines on the premises. The medicines we checked were securely stored; there was a stock auditing system in place to monitor expiry dates.
- There was a cold chain protocol in place and vaccines were stored correctly with auditable stock control. We checked the refrigerator and found vaccines were stored securely and were only accessible to authorised staff. There was a policy for ensuring they were kept at the required temperatures and described the action to take in the event of a potential failure.
- The nurse used Patient Group Directions (PGDs) to administer vaccines and Patient Specific Directions (PSDs) such as administering specific vaccines if patients had an allergy to a vaccine component. PGDs and PSDs had been produced in line with legal requirements and national guidance. We saw evidence the nurse had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.
- There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed.

- The medicines required for resuscitation or other medical emergency were in place.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The service staff learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- There was a system for recording and acting on significant events and incidents. Staff confirmed they understood their duty to raise concerns and report incidents and near misses. The provider supported them when they did so.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.
- There was a system for receiving and acting on vaccine alerts. The service did not routinely receive received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) however following our visit the provider confirmed they had signed up to receive these alerts electronically from the agency.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations. The service provided evidence based care which was focussed on the needs of the patients. Patients received a comprehensive assessment of their health needs which included their medical history. The service encouraged and supported patients to be involved in monitoring and managing their health. There was effective staffing; clinicians were registered with the appropriate professional regulatory body and had opportunities for continuing professional development to meet the requirements of their professional registration. Consent was sought and recorded before treatment and for information sharing; the provider demonstrated a thorough understanding of the Mental Capacity Act 2005.

### Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. The provider offered consultations to the general public and did not discriminate against any patient group. It had clear information on the website about the type of patients for whom the service was suitable.
- The service had systems to keep all clinical staff up to date. Staff had access to guidelines from Public Health England and used this information to deliver care and treatment that met patients' needs.

### Monitoring care and treatment

- The service took part in quality improvement activity, for example, they completed a range of audits and regular reviews of policies and procedures. We saw that patient records were informally selected and audited to ensure that consultations were fully documented and records were appropriately maintained.
- Annual audits of Yellow Fever vaccine use were undertaken in order to meet the standards of good practice required for the designated licence to administer the vaccine.

- The clinicians sought ongoing support through attendance at local professional meetings such as the South West Occupational Health Nurse Network and as part of their continued professional development. The clinicians continued to have professional appraisals, and external support for revalidation.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff who undertook the travel vaccination at the service had received specific training and could demonstrate how they stayed up to date and provided a service in line with good practice guidelines.

- The provider understood the learning needs of staff and provided time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop such as attendance at specific training and peer group events.
- Staff were provided with ongoing support. For all staff this included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

### Coordinating patient care and information sharing

- When a patient contacted the service, they were asked if the details of their consultation could be shared with their registered GP. If patients agreed a letter was sent to their registered GP in line with General Medical Council guidance. Where a diagnosis was for a serious health condition then patients were further involved in discussions about their best interests and the availability of suitable secondary care treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, such as when they were referred for further treatment.

### Supporting patients to live healthier lives

The service was consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition.
- The service encouraged and supported patients to be involved in monitoring and managing their health.



# Are services effective?

(for example, treatment is effective)

- The service supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity by giving self-care advice or referring to other services.

## **Consent to care and treatment**

The service obtained consent to care and treatment in line with legislation and guidance.

- Written policies were in place and we saw the service had documentation in place to record consent for procedures. The service did not routinely see children. All patients were requested to bring photographic evidence of identity when attending appointments.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately; we saw that where a course of treatment was required then the patient was requested to sign a consent form on each occasion. Consent forms included detail about the potential risk factors of the treatment.
- Staff we spoke with told us how they ensured that patients understood what was involved in the procedures for their treatment and care as well as the skills and experience of those undertaking the procedures.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations. Patients indicated through feedback they were listened to, treated with respect and kindness, and were involved in the discussion of their treatment options which included any risks, benefits and costs.

### **Kindness, respect and compassion**

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. The feedback we saw was positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We made patient comment cards available at the service prior to our inspection visit. There were fifty completed comment card all of which were positive and complimentary about the exemplary service and the friendly caring staff team.

### **Involvement in decisions about care and treatment**

Patients had access to information about the clinicians working for the service on the website. Staff helped patients be involved in decisions about their care and discussions took place with patients at the point of referral and throughout their treatment to support them to make informed decisions.

### **Privacy and Dignity**

- Screening was provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation room doors were closed during consultations.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive care in accordance with the relevant regulations. The service was responsive and ensured there was timely access to the service with a range of appointment times available. The provider handled complaints in an open and transparent way, the complaint procedure was readily available for patients to read in the reception area.

### Responding to and meeting people's needs

The information on the website was clear for potential patients to understand what the service provided.

- The service offered flexible opening hours and appointments to meet the needs of their patients.
- The service undertook a range of onsite tests such as electrocardiographs, and offered a range of testing service such as blood tests. Patients were always contacted direct by the clinician when the test results had been received as part of the follow up of their consultation.
- The service was available to the adults only but did not discriminate against any patient group and was clear about the type of services which were offered.
- Reasonable adjustments were made so that people with a disability could access and use services. The facilities at the location complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and an inner waiting room with refreshments available for patients.
- Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated. This information was also available on the website.

### Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. We were told this would be at a time convenient to patients.

- Patients had timely access to initial assessment and test results.
- Waiting times, delays and cancellations were minimal and managed appropriately.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaint policy and procedures were in line with recognised guidance. There was one complaint received in the last year relating to concerns about the prevention of cross infection. The provider took action to respond to the complainant and provide additional information to explain the procedures followed. The issue was also discussed within the team and agreement that additional time taken to ensure patients understood the procedures the service followed.
- A system was in place to ensure the service learned lessons from individual concerns and complaints. We saw that this information was used to improve the quality of care.
- Information about how to make a complaint or raise concerns was readily available for patients in the reception area and the provider informed us they will be including this on their website.

# Are services well-led?

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

## Our findings

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

There was a management structure in place and the provider had the managerial capacity to run the service. There were clinical governance and risk management structures which monitored performance. There was a pro-active approach to identify safety issues and the provider acted on this information to make improvements in procedures where needed. Risks to patients and staff were assessed and the provider audited areas of their practice as part of a system of continuous improvement. The views of patients were sought, and policies and procedures were in place to support the safe running of the service. There was a focus on improvement within the service.

### Leadership capacity and capability

The service was run by the provider supported by an administration team who had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with staff and others to make sure they were accessible the team.
- The service had effective processes to develop leadership capacity and skills with regular reviews of performance.

### Vision and strategy

The provider told us they had a clear vision to work with patients to provide a high quality personalised service, making treatments accessible and safe. The staff we spoke with shared the same ethos and vision.

### Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.

- Openness, honesty and transparency were demonstrated with their response to incidents and complaints. The provider was aware of the duty of candour and the culture of the service encouraged candour, openness and honesty.
- Staff we spoke with told us they were able to raise concerns such as safeguarding issues, and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All directly employed staff received regular annual appraisals in the last year.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were good communication systems in place and we observed positive relationships between the staff.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and understood. The provider had oversight of systems and practice and planned formal audits.
- Staff were clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was an established process of peer review to assure the quality of consultations and to learn from peers.

### Managing risks, issues and performance

There were written risk management policies and procedures, which covered the identification and assessment of risks throughout the service. This included health and safety audits, and arrangements for the identification, recording, analysing and learning from adverse health events or near misses. When areas for improvements were identified as a result of an audit, an

# Are services well-led?

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

action plan was developed and closely monitored until all actions had been completed. Service specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Performance of employed clinical staff could be demonstrated through completed annual appraisals. The lead clinician had oversight of vaccine updates.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. For example, patient record auditing was used to inform any training needs for staff.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The clinical team worked together to address any identified deficits, for example, when staff attended training they cascaded their learning through the quarterly clinical meeting.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Patient records were all paper with secure storage; when results were sent to patients they were password protected for security.

## **Engagement with patients, the public, staff and external partners**

There was evidence that the service regularly obtained feedback about the quality of care and treatments available to patients. Patient surveys were undertaken on a regular basis the last being in July 2017 where overall patients stated they were very happy with the service.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about service or staff within the service. Staff meetings were taking place a minimum of four times each year or when new developments needed to be discussed. All incidents, complaints and positive feedback from surveys were discussed at staff meetings.

## **Continuous improvement and innovation**

There was a focus on continuous learning and improvement at all levels within the service. The clinical team were keen to learn and improve outcomes for patients. They met on a regular basis to review their work and put together actions plans that were closely monitored to ensure improvement. An example of this was that patients were routinely offered chaperones. This had been reviewed at a clinical meeting where it was felt this should be included in the consent to treatment form which was sent to patients in advance of their appointment. This included the option for the patient to bring a preferred chaperone or supporter. This provided additional security for the patient and the clinician and ensured the availability of a suitable chaperone.