

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Dr M J Tayler and Partners

Margaret Street, Thaxted, Dunmow, CM6 2QN

Tel: 01371830213

Date of Inspection: 22 October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Dr M J Tayler and Partners
Registered Managers	Dr. Emma Pugh Dr. Michelle Ralph
Overview of the service	The Thaxted Surgery offers primary medical services to a population of approximately 7000 in Thaxted and the immediate surrounding area in Essex. They are a dispensing surgery providing this service to approximately 50% of their practice population.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Management of medicines	9
Supporting workers	11
Records	12
<b>About CQC Inspections</b>	<b>13</b>
<b>How we define our judgements</b>	<b>14</b>
<b>Glossary of terms we use in this report</b>	<b>16</b>
<b>Contact us</b>	<b>18</b>

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

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### What people told us and what we found

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We inspected the Thaxted Surgery on 22 October 2013. We found the staff courteous at the reception desk and the waiting room suitable for the practice population.

There was a varied selection of information on the notice boards in the waiting room for the benefit of the patients. The information included notices about the surgery, health promotion, safeguarding and other support services.

We received positive comments from ten people visiting the surgery on the day of inspection. One person told us: "It's easy to get an appointment, and I've always found it okay to get through on the phone."

We saw that staff spoke politely to people and that consultations were carried out in private treatment rooms.

The doctors we spoke with told us they involved people in their care. We saw the surgery had appropriate arrangements in place to obtain medication.

We spoke with four members of staff about the support they received and saw records of appraisals, regular training, staff meetings, and staff development.

We saw the surgery held both paper based and electronic records that were appropriately stored and maintained.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During our inspection we checked that people were involved in their care and that their privacy, dignity and independence were respected. We saw reception staff members were polite and welcoming to people visiting the surgery.

We saw that the areas accessed by people visiting the surgery for appointments were arranged on one level, which made it easy for people to access. This demonstrated that the surgery respected people's independence and considered their diverse mobility needs.

One person told us: "The staff and the doctors respect my opinion, if I say I need to be seen urgently they give me an appointment on the day I ring in. I'm more than happy with the way they check that I need an urgent appointment, the staff are always very polite." Another person told us: "The doctor listens to what I have to say. I'm treated with dignity and respect, the doctor shakes my hand when I leave the consultation room and always comes out to the waiting room to fetch me." We were also told: "I have always found the clinicians very good at putting me at ease before an examination and I feel my dignity is protected." These comments showed that people felt their privacy and dignity was respected

We asked one of the doctors how they involved people in their care, they told us: "The first thing I do in a consultation is to listen, and find out what the real issues are with the people that come to see me. I explain the options that are available for people to help them make a decision about treatment." We asked another doctor how they involved people in their care and they told us: "I ask people to agree a plan of care and give them an expectation of how long it will take to get better or improve. Good communication is essential to the decision making process for patients." We spoke to people waiting for appointments and asked if they felt involved in their care one person told us: "Yes I was given information to read so that I could decide whether to have another test or to try some treatment. I was then told to make another appointment to discuss this further and I was really pleased with that approach." These comments from the doctors and people using the service demonstrate people were involved in their care.

We saw a notice on the reception area notice board regarding chaperoning people during their appointments. We were shown the chaperone policy which was up to date and fit for purpose. We asked if those people that had requested a chaperone were recorded in their records. One of the doctors we spoke with told us: "I record the offer of a chaperone in the consultation notes." We were shown an example of a chaperone request recorded on a person's consultation notes. This evidenced that people were using the chaperone service provided at the surgery.

The Thaxted Surgery information booklet gave details of; the staff at the surgery, the consultation format, managing long-term conditions, services available, minor injury and wound care, minor surgery, the dispensary, diagnostic and laboratory tests, district nurses, private letters, certificates and medical examinations, overseas travel clinic and research. The booklet also gave details regarding; accessing surgery services, appointments, home visits, the website, e-mail and text, telephone, e-mail and fax access to GPs, dispensary, referrals, tests and results, registration, driving medicals, emergencies and out of hours services and customer relationships. This surgery booklet gave people appropriate information in relation to their care and treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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While at the surgery we checked that people experienced care and treatment that met their needs and ensured their safety and welfare.

The doctors we spoke with told us they updated people's medical records in the consultation notes during each appointment. We checked the electronic medical records for eight people. We saw their consultations had been recorded along with other relevant information, for example allergies, referrals, tests, and medication had been updated. This was consistent across all eight sets of medical records we looked at. This identified good practice in respect of reviewing and recording clinical information which promoted continuity of care.

When we looked at the electronic records we saw there were treatment plans in place to manage long term and chronic health conditions such as; respiratory disease, asthma, diabetes, and heart disease. We saw that people had been recalled to the service for regular health checks to review their condition(s) and check their repeat medication. This showed the arrangements the Thaxted Surgery had in place to monitor, manage, and treat people for long term and chronic conditions.

We asked people if they experienced care and treatment that met their needs, one person told us: "I think this is a really good surgery, I have recommended them to family and friends, as I've never experienced any problems here." Another person told us: "The doctors are always approachable and I get good open and honest advice, I was also given advice about where to get further information that may help." We were also told: "The clinicians are all very experienced here much better than other surgeries I have been to." These comments showed that people felt their treatment and support met their needs.

We saw there were arrangements in place to deal with foreseeable emergencies. We were shown the accessible emergency equipment and medication at the surgery. We noted these were in date and fit for purpose. The procedure for checking emergency drugs and equipment was robust and consistent with no missed checking dates. This demonstrated that there were checking processes in place to ensure emergency drugs and equipment was safe for use.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Part of our inspection was to check that people were protected against the risks associated with medicines.

The Thaxted Surgery was a dispensing doctor's surgery; they dispense medication to people attending the surgery who live remotely from a community pharmacy. People therefore receive medicines and general healthcare all in one place.

We spoke with the staff at the surgery and asked them to show us the procedures and guidance for staff regarding medicines management. We were shown the procedures and guidance used by staff and found them to be up to date and fit for purpose. This showed the surgery had guidance for staff to dispense medication and produce repeat prescriptions to reduce the risks associated with medicines.

We asked how the surgery dealt with the drug alerts received from the NHS National Patient Safety Agency (NPSA) and the Medicines and Healthcare Products Regulatory Agency (MHRA). We were told that the surgery received these alerts and they were forwarded to the appropriate person within the surgery to be dealt with at the daily meeting. We saw there were no outstanding messages or actions to be taken regarding alerts at the surgery.

We checked the drugs storage temperature and saw there was a thermometer and temperature recording process for the dispensary. We checked the fridge and the medication within the fridge. We found the medication in date and the daily fridge temperature record showed the temperature control to be within the limits required by their procedure.

We looked at the processes for storing controlled drugs. We saw they were securely stored in a locked fixed cabinet and the key was stored in a key coded cabinet that only nominated staff members identified in the controlled drugs policy had access to. We checked the stock control register and the stock of controlled drugs, we found these correct and in date. We saw the segregation process for out of date stock and saw that the surgery procedures were being followed. We saw the process for controlled medication

destruction and the kits to enable this.

From the evidence we saw and the observations we made, people were protected against the risks associated with medicines.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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In the course of our inspection at the Thaxted Surgery we looked at the systems in place to support staff through training, professional development, supervision and appraisal.

We looked at four sets of staff records. We saw that each member of staff had been given an annual appraisal. At each appraisal the staff member's performance, contribution, any issues, ideas, aspirations and learning needs had been discussed. One member of staff told us: "I get to talk about any objectives I might have to support my development at my appraisal." This showed the surgery supported their staff and had an annual appraisal system in place.

The staff that we spoke with told us they did not have organised supervision meetings, but worked closely with their line managers and were able to speak in a less formal way on a regular basis regarding work related issues.

The staff told us they had regular surgery staff meetings every month, and we were shown the minutes from these meetings. We were told by a member of staff: "The information regarding the meetings is available on the computer. I can talk about work related issues at the meeting or speak to the practice manager who has an open door policy for staff."

Within the staff records we saw mandatory and further staff role related training attendances that were recorded. We asked the staff if they felt supported in their role at the surgery, one member of staff told us: "The practice has encouraged and supported me to develop my role and attend the training I want." We were also told: "I feel very well supported by all the surgery team, both in regards to work issues and personal and home life issues that have arisen." This showed the provider recognised the need to support and develop staff within their work roles.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## Reasons for our judgement

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We looked at the records held at the surgery to determine whether people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

The surgery held both electronic and paper medical records. The paper records were held in a secure office used only by staff to ensure confidentiality was maintained. The electronic records could only be accessed by computer using a chipped computer access card and a secure password. This showed the practice maintained and held electronic medical records securely.

The electronic medical records that we looked at held; medical history information, consultation notes, medication history, allergy information, laboratory test results, letters and documents from other providers, for example hospitals and opticians. We saw that the information had been updated and reviewed on the eight sets of records we looked at, belonging to people attending the practice on the day we inspected. This showed that appropriate records were being kept accurately and were being well maintained.

The surgery held policies and procedures for staff guidance on the computer and in paper format. We saw that these records were regularly reviewed up to date and fit for purpose. The surgery policies and procedures in paper formats were kept in the staff office area. The electronic formats were held on the computer that was backed up and a copy kept each day. The electronic format of the policies and procedures was saved into a document that could not be altered once it had been produced to ensure the correct version was always in use. The staff records were also kept in the staff office area in locked cabinets with only senior staff having access, to ensure confidentiality. This showed the surgery kept records appropriately.

The paper information received by the Thaxted Surgery was scanned onto the electronic records then stored securely for a month before placing into the secure shredding bins. The surgery have a contract with a confidential waste company that come to the surgery during an agreed convenient time and shed securely on site. This demonstrated the provider destroyed records appropriately and securely.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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