

# Dr. Jeyanathan and partners

## Quality Report

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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 safe?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr. Jeyanathan and partners on 20 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr. Jeyanathan and partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 4 May 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 20 April 2016. 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 taken action on all of the areas identified for improvement.

- There were clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
  - Risks to patients were assessed and well managed.
  - There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- However, the provider should:
- Monitor complaints handling to ensure consistent responses in line with guidance.
  - Verify that Control of Substances Hazardous to Health assessments are correctly completed, to ensure appropriate precautions are in place.
  - Monitor systems to ensure all areas of the premises are clean and tidy.

**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 safe?

The practice had taken action on the issues identified at the inspection in April 2016. As a result, the practice is rated as good for providing safe services.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services well-led?

The practice had taken action on the issues identified at the inspection in April 2016. As a result, the practice is rated as good for providing well led services.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# 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 safety and well-led identified at our inspection on 20 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr. Jeyanathan and partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC inspector.

## Background to Dr. Jeyanathan and partners

Dr. Jeyanathan and partners is based in a large NHS health centre, in Lewisham, in south-east London. The building also houses two other GP practices, a GP walk-in centre and a range of community services including health visitors, midwives, sexual health, district nurses, blood tests and a foot health clinic.

Three doctors work at the practice. The practice is run by two male partners and there is one female salaried GP. All of the GPs work part-time. The working hours added together equate to just over two full time roles (whole time equivalents).

There is one female practice nurse. She works part-time, with all of the nursing hours adding up to just under half a full-time role.

The practice is open 8am to 6.30pm Monday to Friday. Extended hours are offered on Tuesday 6.30pm to 8.00pm. Appointments are available from 8.30am to 11.30am and 3pm to 6pm Monday to Friday. When the practice is closed cover is provided by a local out-of-hours service. In addition to bookable appointments, the practice operates a drop-in clinic every week day morning.

There are 4316 patients at the practice. Compared to the England average, the practice has more young children as

patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

Life expectancy of the patients at the practice is in line with CCG and national averages. The practice population scores highly on national measures of deprivation: people living in the area are measured to be on the third decile (the first decile is most deprived and the tenth is the least deprived).

The practice is in the Lewisham Clinical Commissioning Group area and offers GP services under an NHS Personal Medical Services contract. It is registered with the CQC to provide diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr. Jeyanathan and partners on 20 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr. Jeyanathan and partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr. Jeyanathan and partners on 4 May 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.

# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of Dr. Jeyanathan and partners on 4 May 2017. This involved reviewing evidence that:

- Staff had completed their required training.
- Risks were assessed and managed.
- Policies and procedures had been updated.

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 safe?

## Our findings

**At our previous inspection on 20 April 2016, we rated the practice as requires improvement for providing safe services as risks to patients were not all well assessed and well managed and training records for protecting children from abuse were incomplete.**

**These arrangements had significantly improved when we undertook a follow up inspection on 4 May 2017. The practice is now rated as good for providing safe services.**

### Overview of safety systems and process

When we last inspected, the practice was unable to provide evidence of training in keeping children safe for abuse for all staff. At this inspection, we checked four staff files, and found that they all had a complete record of the training required.

When we last inspected, we found weaknesses in the practices arrangements for preventing and controlling infections, including policies, training, audit, and ensuring the premises were clean.

At this inspection, we found that there was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We observed most areas of the premises to be clean and tidy, with evidence of appropriate checks on infection risks, such as sharps bins, although there was some surface dust on shelves in a clinical room used infrequently (by locum staff).

### Monitoring risks to patients

When we last inspected, the practice did not have an adequate premises or fire risk assessment, and no completed COSHH (Control of Substances Hazardous to Health) assessments.

At this inspection, we found that there were appropriate procedures in place to manage the risks present in the practice premises, and from fire. COSHH assessments had been completed, but there were details missing from the form – such as the precautions needed to manage hazardous substances.

### Arrangements to deal with emergencies and major incidents

When we inspected in April 2016, we found that the practice had not considered the additional time that it would take to fetch a defibrillator from another practice. There were not regular checks of the emergency equipment, and the practice did not have in stock all of the emergency medicines on their own check list or recommended given the services and patient population. GPs did not take any the emergency medicines on home visits.

There was a business continuity plan in place for major incidents such as power failure or building damage, but the plan did not include emergency contact numbers for staff.

At this inspection, we saw that the practice had obtained their own defibrillator, and carried out regular checks on this, and on the other emergency equipment. An appropriate risk assessment had been carried out to decide what emergency medicines needed to be stocked in the practice and taken on home visits. The medicines were checked regularly and those we checked were present, in date and stored securely.

The business continuity plan now had staff emergency contact numbers as an appendix.

# 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 20 April 2016, we rated the practice as requires improvement for providing well-led services as the governance structures were insufficient to ensure that all aspects of the practice were well managed.**

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

### Governance arrangements

Policies and protocols had been reviewed and updated since our April 2016 inspection. These included practice-specific infection control protocols.

When we last inspected, we found that staff records were incomplete and some evidence of recruitment checks and training could not be located.

At this inspection, we checked four staff files, and found that they all had a complete record of the training required.

No new staff had been recruited since we inspected, but the practice manager showed us a checklist that had been devised to ensure that checks on new staff were in line with best practice.

Risk management had improved, with regular assessment of the risks to patients and others in the practice premises.

At the last inspection, we found that complaints records were incomplete, with written responses not always provided to complaints made in writing. We looked at four complaints received since the last inspection. All had received an acknowledgement and a written response, although two of the four written responses did not have details of who patients could contact if dissatisfied with the practice's response.

### Seeking and acting on feedback from patients, the public and staff

The practice had carried out its own survey of patient satisfaction, and was taking action as a result. For example, the practice survey mirrored the national GP patient survey results in suggesting that patients struggled to make contact with the practice by phone. As a result, the practice had decided to upgrade the telephone system.

The practice also continued to actively monitor feedback on NHS Choices and the NHS Friends and Family Test.

### Continuous improvement

The partners continued to monitor the practice performance, and to take action to improve. They gave us data (not yet validated) that showed the practice had the third highest vaccination rate in the Clinical Commissioning Group (CCG) for pneumococcal vaccination rates for 18-64 year old patients at risk (67% of eligible patients vaccinated) and the sixth highest rate in the CCG for pneumococcal vaccination rate for patients over 65 years old (67% of eligible patients). The practice also showed us unvalidated data that showed a steady decrease in volume of antibiotic prescribing over the last 3 years.

The practice had worked to improve the take-up of online services. In March 2017, the practice had the highest percentage of prescriptions managed through the Electronic Prescribing Service (EPS) in the CCG at 94%, and was amongst the highest performers in the CCG for the percentage of patients signed up for online services (21%).

There was also a project to reduce the amount of paper documents that the practice processed.

The practice told us they were hoping to becoming a training practice and, as a teaching practice, were hoping to get a medical student in October 2017.