

Dr Thavapalan

Inspection report

55 Littleheath Road
Bexleyheath
Kent
DA7 5HL

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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 location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

Dr Thavapalan is a provider registered with CQC. The practice was previously rated **requires improvement** after our inspection in August 2015 and was then found to be good in all areas following a follow up inspection in May 2016.

We carried out an inspection of the provider on 29 March 2019 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall and requires improvement for all population groups.

We rated the practice as **inadequate** for providing safe services because:

- Patients taking high risk medicines were not consistently being monitored in line with current guidance and legislation.
- The professional registrations of clinical staff were not being checked on an annual basis.
- There were not clear systems and processes in place for the management of significant events.
- Risks associated with infection control, fire and legionella were not regularly assessed.
- The practice did not have diclofenac, furosemide or bumetanide and dexamethasone within their emergency medicine storage and there was no risk assessment to consider the need or not for these medicines. The defibrillator pads attached to the practice defibrillator had expired.

We rated the practice as **requires improvement** for providing well-led services because:

- Governance was lacking in key areas including safeguarding, significant event management and the management of medicines.
- The provider did not have adequate systems in place to assess, monitor and address risks associated with the premises including those associated with fire, legionella and detection and prevention of infection.

- The provider did not have an active patient participation group and there was limited structured feedback and engagement mechanisms for patients.
- There was limited evidence of continuous improvement or innovation.

However

- Staff provided positive feedback about working at the service which indicated a good working culture.
- The practice had taken action to ensure the sustainability of the service and responded well to challenges associated with the dispersal of the patient list from a nearby service which closed.

We rated the practice as **requires improvement** for providing effective services because:

- There was a lack of quality improvement activity.
- Staff were not receiving regular appraisals.
- Monitor the level of exception reporting for patients with long term conditions to ensure that this is appropriate.

However, we did see:

- Effective joint working was in place. The practice held monthly multidisciplinary meetings and detailed records of discussions and action points were retained.
- With the exception of high risk medicines; patients were receiving regular reviews and the treatment provided was in line with current guidelines this was reflected in high levels of achievement against local and national targets.

We rated the practice as **good** for responsive services because:

- The practice had worked to accommodate an influx of patients from a nearby surgery which had recently closed. Care had been taken to optimise the care and treatment of these patients.
- Complaints were managed in a timely fashion and detailed responses were provided.
- Feedback from both the patient survey and comment cards received by CQC indicated that it was easy to access care and treatment at the practice. The practice was continually reviewing and adjusting the appointment system to cater to the needs of patients.

We rated the practice as **good** for providing caring services because:

Overall summary

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Include details of the organisations patients can escalate complaints to in complaint response letters.
- Work to improve the identification of those patients with caring responsibilities.
- Retain records related to staff induction.
- Consider ways to provide health promotion information to patients who do not speak English as a first language.
- Consider ways to improve the premises to make them more accessible for people with mobility needs.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a GP specialist advisor.

Background to Dr Thavapalan

Dr Thavapalan is located at 55 Littleheath Road, Bexleyheath, Kent, DA7 5HL..

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

Dr Thavapalan is situated within Bexley Clinical Commissioning Group (CCG) and provides services to approximately 5050 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has recently taken on between 700 and 800 patients over a period of 12 months from a nearby practice which closed down in March 2019. The practice told us that this had presented a challenge both to contend with the administrative burden of associated with registering these patients and to ensure that their care and treatment was optimised.

The practice is a single-handed GP practice led by a male GP. We were told that the provider is in the process of becoming a partnership. The incoming partner is a female and there is a male salaried GP. The practice

provides a total of 14 GP sessions. There is a nurse prescriber working 0.75 whole time equivalent. In addition, the service employs a part time health care professional/diabetes clinical auditor and a part time assistant practitioner.

There are comparable numbers of patients of working age registered with Dr Thavapalan compared with the national average and higher numbers of patients over the age of 65. The age demographics were broadly comparable to those of other practices within the CCG although this practice has a slightly lower proportion of children. The percentage of patients not in employment was comparable to the national average and the practice has a slightly higher proportion of patients with long standing health conditions. The National General Practice Profile states that 14% of the practice population is from a black ethnic background. Information published by Public Health England rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has lower levels of deprivation affecting children and half the level of deprivation affecting older people compared to the national average.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not have an adult safeguarding policy• Systems for the management of high risk medicines did not ensure that patients were kept safe• Prescription stationary was not securely stored or monitored.• There were limited quality improvement systems in place.• The practice did not have clear systems and processes in place for handling significant events.• There were no systems in place to monitor the professional registrations of clinical staff.• There was no system in place to ensure staff were regularly appraised.• There were no effective systems in place to assess and respond to risks associated with infections, fire or legionella. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Warning Notice</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice was not monitoring high risk medicines in accordance with guidance and recommendations.• The practice did not have all recommended emergency medicines and had not assessed the need for these.• Defibrillator pads attached to the practice defibrillator had expired.• Not all prescriptions were secured and monitored.• Risks associated with fire, infection control and legionella were not adequately assessed. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>