Dr Sinnadurai Thillainathan

Inspection report

269 Bowes Road
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London
N11 1BD
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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?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Good

Overall summary

We carried out an announced comprehensive inspection at Dr Sinnadurai Thillainathan (Arnos Grove Medical Centre) on 19 September 2023. Overall, the practice is rated as Requires improvement.

The ratings for each key question were rated as:

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive – Requires improvement

Well-led - Good

Following our previous inspection on 4 May 2016, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Sinnadurai Thillainathan on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

The key focus of the inspection looked at:

- All five key questions (Safe, Effective, Caring, Responsive and Well-led).
- Areas identified as 'shoulds' in the previous inspection.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews both on-site and using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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

Overall summary

- 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 found that:

- Staff had the appropriate safeguarding training applicable to their roles.
- The practice had a robust system in place to monitor two week wait referrals.
- The practice held a risk register for vulnerable adults and children and ensured that those listed were always offered a same day appointment at the practice, regardless of whether the appointment was routine or urgent.
- The practice had regular contact with other teams, services and organisations, and demonstrated in-depth knowledge of local services that were available for patients to access.
- There appeared to be a strong rapport between staff members and patients, which was further supported by patient feedback obtained on the day of inspection.
- The practice took a proactive approach in responding to patient feedback and engaged collaboratively with their Patient Participation Group (PPG).
- The practice adopted a proactive approach to quality improvement and had devised a quality improvement plan, which detailed what improvements had been made so far and what improvements were ongoing.
- Whilst [JC1] the practice was making ongoing efforts to improve patient access, this had not yet been fully embedded and reflected in the majority of patient feedback. Current and previous performance of the practice's feedback on the National GP Patient Survey in relation to access has fallen below local and national averages.
- Patients prescribed some medicines did not always have the appropriate monitoring to check it was safe for them to continue to be prescribed the medicine.
- Some patients had been incorrectly coded as having a medication review done, when this had not been completed.
- Patients who were prescribed pregabalin (a medicine used to treat epilepsy, anxiety or neuropathic pain) were not always fully informed of the associated side effects regarding the risks of taking the medicine during pregnancy.

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

In addition to the above, the provider **should**:

- Review the practice's clinical records system to ensure that the content of a patient review is accurately captured.
- Continue proactively engaging with patients to encourage uptake of cervical smears.
- Continue proactively engaging with patients to encourage uptake of childhood immunisations.
- Review and consider how to improve performance in lower scoring areas of the National GP Patient Survey, particularly in relation to access issues.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff on-site and completed clinical searches and records reviews during the site visit.

Background to Dr Sinnadurai Thillainathan

Dr Sinnadurai Thillainathan (Arnos Grove Medical Centre) is located at 269 Bowes Road, New Southgate, London, N11 1BD. The practice is situated a short walking distance from Arnos Grove underground station and is also accessible on several local bus routes.

The practice is registered with the CQC to provide the Regulated Activities: Diagnostic and screening procedures; Maternity and midwifery services; Treatment of disease, disorder or injury.

The practice is part of the North Central London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 8100 people.

Public Health England report deprivation within the practice population group as being 5 on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice population is predominantly from either a white (60.7%) or Asian (18.3%) ethnicity.

There is a team of four GPs who work at the practice, with two GPs as partners. The practice has two nurses and one health care assistant. The GPs are supported by a team of four reception/administration staff. There is a practice manager who is also a managing partner. The practice has additional support from colleagues within the Primary Care Network (PCN), including a pharmacist, a paramedic and a physician associate.

Extended access hubs provide additional appointments to patients and run from four locations in the borough of Enfield between the hours of 6:30pm – 8pm on weekdays and from 8am-8pm on weekends and public holidays.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** • From our review of patients' records, we found that the practice was not always reviewing patients' blood test before issuing their next high risk medicine prescription in order to ensure the medicine was safe to prescribe. • We found that some patients had been incorrectly coded as having a medication review done when this had not been completed. • We found that patients who were prescribed pregabalin were not always informed of the potential birth defects or abnormalities that could be caused as a result of taking this medicine during pregnancy. • This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.