

# Dr Thusitha Gooneratne

## 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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 22 September 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of regulation 12(1) and 12(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 25 April 2017 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Thusitha Gooneratne on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services.

### Our key findings across all the areas we inspected were as follows:

- Risks to patients were assessed and well-managed, including arrangements to deal with a range of medical emergencies.
- All staff had undertaken infection control, information governance and Mental Capacity Act training appropriate to their role.
- The practice had identified 0.6% (14 patients) of the practice list as carers, which is six more than they had identified during the inspection on 22 September 2016.

There were areas of the practice the provider should still make improvements:

- Review practice procedures to ensure there are documented care plans especially for all patients with long term conditions.
- Review systems in place to ensure that patients with a learning disability are regularly reviewed.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

**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 is rated as good for providing safe services as improvements had been made.

- Risks to patients were assessed and well-managed, including arrangements to deal with a range of medical emergencies.
- All staff had undertaken infection control, information governance and Mental Capacity Act training appropriate to their role.

**Good**



# Dr Thusitha Gooneratne

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a lead Care Quality Commission inspector.

## Background to Dr Thusitha Gooneratne

Dr Thusitha Gooneratne/Bramley Avenue Surgery provides primary medical services in Coulsdon to approximately 2500 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children is in line with the CCG and higher than the national average and the practice population of working age people is lower than the CCG and in line with national average; the practice population of older people is higher than the local average and in line with national average. Of patients registered with the practice for whom the ethnicity data was recorded 38% are White British, 5% are Other White and 3% are Indian or British Indian.

The practice operates in a purpose built premises. All patient facilities are wheelchair accessible. The practice has access to one doctor consultation room and one nurse consultation room on the ground floor.

The clinical team at the surgery is made up of one full-time male lead GP, one part-time female long term locum GP, one part-time female nurse practitioner and one part-time

female practice nurse. The non-clinical practice team consists of a practice manager and four administrative and reception staff members. The practice provides a total of nine GP sessions per week.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am to 1:30pm and 4:30pm to 6:30pm Monday to Friday. Appointments are available from 8:30am to 1:00pm every day and from 4:30pm to 6:30pm Monday to Friday except Wednesday. During the lunch time and on Wednesday afternoons the patients are given an emergency number to contact the surgery; patients are triaged and offered telephone advice or emergency same day appointments as required. Extended hours surgeries are offered on Tuesdays from 6:30pm to 7:20pm and on alternate Saturdays from 9:00am to 12:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Croydon CCG.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Thusitha Gooneratne on 22 September 2016 under Section 60 of the

# Detailed findings

Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good and requires improvement in safe. The full comprehensive report following the inspection on September 2016 can be found by selecting the 'all reports' link for Dr Thusitha Gooneratne on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During the comprehensive inspection carried out on 22 September 2016 we found that the practice did not have adequate arrangements in place to deal with a range of medical emergencies as they did not have a defibrillator available to respond to medical emergencies. One clinical member of staff had not received specific training for cervical screening and their competency assessed; they did not investigate the reasons for inadequate smears.

One clinical member of staff had not undertaken mental capacity act, infection control and information governance training and one clinical member of staff had not received regular appraisals. Some of the patients with long-term conditions did not have a documented care plan and some of the patients with learning disability had not received a health check in the last year.

The practice had only identified eight patients as carers which was only 0.3% of the practice list.

We undertook a follow up desk based focused inspection of Dr Thusitha Gooneratne on 25 April 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. We inspected the practice against one of the five questions we ask about services: is the service safe.

## How we carried out this inspection

We carried out a desk based focused inspection of Dr Thusitha Gooneratne on 26 April 2017.

During our inspection we reviewed the evidence sent by the practice on the following:

- Reviewed the evidence of purchase of a defibrillator and checks undertaken.
- Reviewed the evidence of staff training.
- Reviewed the evidence of appraisals for clinical staff.
- Reviewed the evidence of learning disability health checks for patients and the practice's carers register.

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

During the comprehensive inspection carried out on 22 September 2016 we found that the practice did not have adequate arrangements in place to deal with a range of medical emergencies as they did not have a defibrillator available to respond to medical emergencies. One clinical member of staff had not undertaken infection control training.

### Overview of safety systems and processes

During this inspection, we found that all staff had received up to date training on infection control.

### Arrangements to deal with emergencies and major incidents

The practice had a defibrillator available on the premises to respond to medical emergencies. They had a system in place to ensure the working status of the defibrillator on a regular basis.