

Tulasi Medical Centre

Inspection report

10 Bennetts Castle Lane

Dagenham

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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

Good



Are services safe?

Good



Overall summary

We carried out an announced comprehensive inspection at Tulasi Medical Centre on 22 June 2017. The overall rating for the practice was good, however safe key question was rated requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Tulasi Medical Centre on our website at .

This inspection was an announced focused inspection carried out on 10 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 22 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- We visited all three sites on the day of inspection and found that arrangements had improved in relation to

checking and maintaining records for vaccine refrigerators. Logs checked demonstrated this was now routinely done. Staff also had access to an IT toolkit which allowed them to store data electronically.

- We reviewed QOF achievements specifically for diabetes and found the practice was now performing in line with local and national averages, however their exception reporting rate was higher than average. We reviewed 10 patients who had been exception reported in 2016/17 QOF year and found four had not been exception reported as per the criteria and standards set.
- The arrangements for fire safety had improved.

However, there was also an area of practice where the provider need to make improvements: the provider should:

- Review and improve how patients are exception reported.

Professor Steve Field

Chief Inspector of General Practice

Population group ratings

Our inspection team

The inspection team was led by CQC inspector and included a GP specialist advisor.

Background to Tulasi Medical Centre

Tulasi Medical Centre is based in Dagenham, East London, with branches in Dagenham and Barking. The practice list size is 21000 and was created from a merger of two local practices in August 2016. The practice has a Personal Medical Services (PMS) contract and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination, extended hours access, dementia diagnosis and support, flu and pneumococcal immunisation, learning disabilities, patient participation, rotavirus and shingles immunisation, and unplanned admissions.

The service is registered with the CQC has an individual to carry out the regulated activities of: Treatment of disease, disorder and injury, diagnostic and screening procedures and maternity and midwifery. The practice has a flat structure which defines how task and activities were delegated. Individual GPs were responsible for different governance areas such as safeguarding, medicines management, quality improvement and human resources.

The practice has a larger than average population of patients aged between 30 and 40 years and children under the age of 14, and the practice catchment area is amongst the second most deprived neighbourhoods in the country. The practice operates across three sites. The main site is on 10 Bennett's Castle Lane in Dagenham and has access to five consulting rooms and one treatment room on the ground floor, and one consulting room on the first floor.

The first branch practice is on Parsloes Avenue, also in Dagenham, and is located in converted premises with access to four consulting rooms and one treatment room on the ground floor. The second branch is located on Ripple Road in nearby Barking, in converted premises,

and has access to three consultation rooms and one treatment room on the ground floor. The patient facilities at each site are wheelchair accessible and there are facilities for wheelchair users including accessible toilets and a hearing loop.

Opening hours at the practice are between 8am and 6.30pm weekdays, with the following exceptions:

- Extended hours between 9am and 5pm on Saturdays, and 1pm closure on Thursdays at Ripple Road branch.

Appointments are available throughout the day when the practice is open. When the practice is closed patients are directed to the Partnership of East London Cooperatives (PELC) and NHS 111 Out of Hours Services.

The practice clinical team is made up of one principal male GP, two male salaried GPs, two female salaried GPs and nine regular locum GPs providing a total of 85 GP sessions per week. In addition the principal GP undertakes around six weekly management sessions and one of the salaried GPs who held the title medical director undertook three administrative sessions. The nursing team comprises one female nurse prescriber, one diabetic specialist nurse, two female practice nurses and two healthcare assistants. The clinical team is supported by two practice managers, three senior administrators and 24 reception/administrative staff. Out of good will the practice allows a psychologist who works for the CCG to use one of the treatment rooms at the main branch to consult registered patients and those registered with other local practices.

Patients had access to carers advocate and health champions all working on a part time basis across all three sites. The practice is a teaching practice, and has medical students attached to the practice for short periods. Trainee general practice nurses were also offered placements and supervision by nurses at the practice.

Are services safe?

At our previous inspection on 22 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of fire safety needed improving to ensure service users and staff alike were kept safe.

These arrangements had significantly improved when we undertook a follow up inspection on 10 May 2018. The practice is now rated as good for providing safe services.

Appropriate and safe use of medicines

At the inspection of June 2017, we found fridge temperatures were not always recorded and vaccine refrigerators at one of the branches were not locked or held in a locked room. At our inspection on 10 May 2018, we visited all branches and found the issues identified had been satisfactorily resolved.

Track record on safety

The practice's track record on safety had improved. At the inspection of June 2017 the practice did not have an effective system in place for minimising fire risks as we found fire alarms were not routinely tested nor maintained and we saw no evidence that fire drills were carried out as per practice policy. At this inspection, we reviewed all records relating to fire safety management and found the practice had taken steps to strengthen this. Fire drills were now carried out and fire alarms were maintained by an external organisation. All records in relation to fire safety were stored electronically as well as in hard copies format.

Please refer to the Evidence Tables for further information.