

Tulasi Medical Centre

Inspection report

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an unannounced inspection at Tulasi Medical Centre on 25 May 2022, followed by a remote review on 15 June 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Inadequate

Responsive - Inadequate

Well-led - Inadequate

Following our previous inspection on 22 June 2017, the practice was rated good overall but required improvement in safe care and treatment. The practice was found in breach of Regulation 12 of the Health and Social Care Act Regulations 2014. A follow up inspection for the safe key question was carried out on 10 May 2018 and the practice was rated good in the safe key question.

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

We carried out this inspection in May and June 2022 in response to concerns raised directly with CQC. This related to safety systems and processes and governance of the practice. In response to these concerns, we initially carried out an unannounced site visit inspection on 25 May 2022, followed by a remote clinical records review on 15 June 2022 and further evidence gathering on 21 June 2022.

This report covers our findings in relation to both the review and inspection.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic and in order to reduce risk, we have conducted our inspections differently.

This inspection and subsequent remote review was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing and via telephone
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- An inspection site visit of the main site and one branch surgery

Overall summary

Our findings

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 Inadequate overall

We found that:

- The practice did not have adequate systems, practices and processes to keep people safe and safeguarded from abuse.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Patients' needs were not assessed and care and treatment was not delivered in line with current legislation.
- The practice did not have a comprehensive programme of quality improvement activity.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Staff did not always work effectively together and with other organisations to deliver effective care and treatment.
- Staff were not consistent and proactive in helping patients to live healthier lives.
- The practice demonstrated that it always obtained consent to care and treatment in line with legislation and guidance but this required improvement.
- Staff did not always treat patients with kindness, respect and compassion. Feedback from patients was negative about the way staff treated people.
- Services did not always meet patients' needs.
- People were not able to access care and treatment in a timely way.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements were inadequate.

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.

On 22 June 2022, Tulasi Medical Centre was issued with an urgent notice to suspend their registration as a service provider in respect of regulated activities. This notice was served under Section 31 of the Health and Social Care Act 2008. This notice of urgent suspension of their registration was given because we believe that a person will or may be exposed to the risk of harm if we do not take this action.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated 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 two CQC inspectors, two GP specialist advisors, one who completed clinical searches and records reviews without visiting the location.

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 approximately 20,600 patients 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 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 across all three sites and 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).

The practice clinical team is made up of one male lead GP who is also the Registered Manager but they do not undertake any clinical sessions. There are nine salaried GPs, two locum GPs providing a total of 60 GP sessions per week. The clinical team also comprises of three full-time clinical pharmacists provided by the Primary Care Network (PCN). The nursing team comprises of two nurse practitioners, one advanced nurse practitioner, four practice nurses, one nursing associate, three physician associates from the PCN, and two healthcare assistants. The clinical team is supported by one business manager, one practice manager and one assistant practice manager, seven administrators and three prescribing clerks. Also employed are three secretaries and 13 reception staff. All staff were mostly based across all three sites. The practice is a teaching practice and has medical students attached to the practice for short periods.

The service was registered with the Care Quality commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury. There are good transport links with tube and over ground stations nearby.