

# Dr Ravindrasena Muthiah

## Inspection report

Salisbury Surgery  
178 Dawes Road, Fulham  
Fulham  
SW6 7HS  
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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?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- Well led
- Responsive
- Caring

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have reliable systems and processes to keep patients safeguarded from abuse.
- The provider did not have safe practices regarding emergency medicines and equipment.
- The practice did not have reliable infection prevention and control practices in place.
- The practice did not maintain adequate records to monitor and manage the cold chain effectively.
- The practice did not have complete fire safety systems in place.
- The practice did not have reliable systems in place to manage the practice premises safely.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not have a safe and effective system in place regarding the management of sepsis.
- The practice could not demonstrate they always learnt and made improvements when things went wrong.

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

- Clinical care was not delivered consistently in line with national guidance.
- There was limited monitoring of the outcomes of care and treatment.

- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to show that it always obtained consent to care and treatment.
- Some performance data was significantly below local and national averages.

This area affected all population groups; so we rated all population groups in the effective domain as **inadequate**.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice could not demonstrate they had a clear vision and a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw no evidence of systems and processes for learning, continuous improvement and innovation.

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

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

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

- The practice did not organise and deliver services to meet patients' needs. Patients could access appointments to receive care and treatment during limited time periods.

This area affected all population groups; so we rated all population groups in the responsive domain as **requires improvement**.

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

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

# Overall summary

- 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:

- Ensure that information for patients is available in different languages and easy to read formats on the practice premises.
- Consider how to improve its identification of carers within the practice and how they may be better supported.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take

action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a member of CQC medicines team who was shadowing the team and a practice manager specialist advisor.

## Background to Dr Ravindrasena Muthiah

Dr Ravindrasena Muthiah is located at 178 Dawes Road, Fulham, London, SW6 7HS. The provider is the owner of the practice building. There are good transport links with tube stations and bus services nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to patients and is part of a local network of GP practices called the South Fulham Network.

We have inspected the provider on two previous occasions. At our inspection in June 2016 we rated the provider as being good overall, requires improvement in effective domain and good for all patient population groups and good in all other domains. At our inspection in February 2018, we rated the practice as being good overall and in all domains and population groups.

The full comprehensive report of the previous inspection can be found by selecting the 'all reports' link for Dr Ravindrasena Muthiah on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

There is a single-handed GP in place who runs the service at the practice. They employ a temporary deputy practice manager who works 1-2 sessions per week; a healthcare assistant who works one session per week and three reception/administration staff.

The practice provides NHS primary care services to approximately 1180 patients, and operates under a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Hammersmith and Fulham GP Federation and the NHS North West London Clinical Commissioning Group (CCG).

The practice was registered with the Care Quality Commission in October 2013 to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery service and family planning.

The practice population is in the fifth most deprived decile in England. Public Health England rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice reception is open Monday-Friday between 8:00am-6:30pm. Appointments are available to patients Monday-Friday between 8:00am-10.00am and 4.00pm-6:00pm only. Patients may book appointments by telephone, online or in person.

When the practice is closed, patients are directed to contact the local out of hours service and NHS 111. Out of hours services are provided by London Central and West and contact details are communicated in a recorded message accessed by calling the practice when it is closed, or by accessing the information on the practice website.

Patients can book appointments up to three weeks in advance online, in person or by telephone. Extended hours services are available at three practices across the

borough in the evening between 6.30pm-8.00pm or at the weekend. During the practice's opening hours, patients may request to book an appointment at one of these sites for an evening or weekend appointment. On Saturdays, at all sites, pre-bookable practice nurse appointments are available which can be booked through the practice. Information is available on the practice website regarding GP extended hours services open to all patients in the borough running 7 days a week in Hammersmith and Fulham.

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><b>Warning Notice</b></p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <ul style="list-style-type: none"><li>• The provider failed to have a safe and effective system in place regarding medicines management.</li><li>• The provider failed to consistently follow national guidance regarding care and treatment for patients.</li><li>• The provider failed to ensure that safeguarding systems and practices were fully developed and implemented in a way that kept people safe.</li><li>• The provider failed to have a safe and effective system to monitor and manage patient safety alerts.</li><li>• The provider failed to have a safe and effective system to monitor and manage emergency medicines and equipment, in line with national guidance.</li><li>• The provider failed to operate a safe and effective recruitment system, in line with national guidance.</li><li>• The provider failed to operate safe infection prevention and control practices, in line with national guidance.</li><li>• The provider failed to operate a safe cold chain in line with national guidance.</li><li>• The provider failed to operate safe premises, in line with national guidance.</li></ul> <p><b>This was in breach of Regulation 12 of the Health and Social Care Act 2008.</b></p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Warning Notice</b></p>

This section is primarily information for the provider

## Enforcement actions

Treatment of disease, disorder or injury

### **How the regulation was not being met:**

**There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.**

### **In particular we found:**

- The provider failed to have a safe and effective system in place to monitor and manage patients who had been referred via the two-week wait urgent referral system.
- The provider had failed to have a safe and effective system in place to monitor and manage cervical screening.
- The provider had failed to assure themselves regarding the core specific training and competency checking for their healthcare assistant.
- The provider had failed to undertake clinical supervision and appraisals for their healthcare assistant.

**This was in breach of Regulation 17 of the Health and Social Care Act 2008.**