

Dr Avinash Suri





Inspection report

34 New North Road
Hainault
Ilford
IG6 2XG
Tel: 02085013431

Date of inspection visit: 8 August 2022
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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 well-led?	Inadequate	

Overall summary

We carried out an announced focused inspection at Dr Avinash Suri (also known as Hainault Surgery on 2nd and 8th of August 2022. Overall, the practice is rated as Inadequate.

Set out the ratings for each key question

Safe - Inadequate

Effective - Inadequate

Well-led - Inadequate

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

Why we carried out this inspection

This inspection was a focused inspection to follow up on:

- *Information received regarding the provision of care at this location*

How we carried out the inspection

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 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 and teleconferencing.
- Completing remote clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records remotely 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:

- 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

Overall summary

We found that:

- The provider did not always provide care in a way that kept patients safe. This was highlighted by lack of monitoring of patients with long-term conditions and on high-risk medicines.
- There was no oversight and monitoring of the work of clinical staff working at the practice.
- Staff dealt with patients with kindness and respect and provided assistance when required, involving them in decisions about their care.
- Staff were working outside of their terms of employment.
- There was inconsistent monitoring of medicines and vaccines held at the practice.
- The provider adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way. Additional services had commenced at the practice in response to patient demand.
- The way the practice was led and managed did not always promote the delivery of person-centre care.
- The provider had minimal policies and procedures in place to assist in the governance of practice.
- There was little evidence that the provider had processes to manage risks, issues and performance.

We found two breaches of regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way.
- Establish effective care systems and process to ensure good governance in accordance with the fundamental standards of care.

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 a 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 Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using teleconferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr Avinash Suri

Dr Avinash Suri is based at:

34 New North Road, Hainault, Ilford, Essex, IG6 2XG

The provider is registered with CQC to deliver the following Regulated Activities:-

- Diagnostic and screening procedures
- Family planning service
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice is situated within the North East London Integrated Care System and delivers Primary Medical Services (PMS) to a patient population of about 3,400. This is part of a contract held with NHS England.

The practice is part of a wider network of the local GP Primary Care Network (PCN). This PCN is made up of three GP practices within this geographical area.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth lowest decile (6 of 10). The lower the decile, the more deprived the practice population is relative to others.

There is one male GP provider who is supported by a team of three long-term locum GPs who provide clinical care at the practice. There is a practice nurse who works five hours per week. The clinical staff are supported by a team of part-time reception staff and a part-time practice manager. The local primary care network provides practice access to one clinical pharmacist who works at the practice one day per week.

Enhanced infection prevention and control measures had put in place since the pandemic and in line with the national guidance, most GP appointments at the practice were a combination of telephone and face-to-face consultations.

The practice opening hours are as follows: -

- 9am to 7pm Monday, Wednesday and Friday
- 9am to 8pm Tuesday
- 9am to 6.30pm Thursday

Extended access is provided locally by the local GP Federation where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider did not do all that was practicable to ensure that systems in place allowed safe care to be provided:-</p> <ul style="list-style-type: none">• The provider did not ensure that staff undertook duties within their job remit. With reference to the phlebotomist administering travel vaccines and B12 injections.• The provider did not ensure the monitoring of patients with long-term conditions was adequate. With reference to diabetes patients who had not had a structured diabetic review coded on their patient record and patients who had not received a recent medicines review.• The provider did not have oversight of the work carried out by the advance nurse practitioner, the primary care network pharmacist and the phlebotomist.• The provider did not have the expected knowledge when asked about specific gender related procedures.• The provider had not ensured that read coding on patient records was being completed consistently and that all staff were trained to use the clinical system effectively.• The provider did not provide relevant information to an external stakeholder where it could potentially prevent a serious incident.• The provider did not ensure that vaccines held at the practice were held stored according good practice to allow adequate air circulation among products in the vaccine fridge. <p>These were in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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Enforcement actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider did not do all that was practicable to ensure that systems in place allowed good governance to be provided: -

- The provider had knowledge of the practice phlebotomist working outside the remit of their job description and had not amended their job description to reflect the additional work undertaken.
- The provider allowed the practice phlebotomist to give typhoid vaccines and B12 injections without the required written authorisation.
- There were a lack of policies and procedures in place to govern activities at this location.
- There was minimal consistent governance in place to assist with the management of current and potential risks at the service.

These were in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.