

# Dr P and S Poologanathan

## 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 at Dr P and S Poologanathan on 15 March 2015. The overall rating for the practice was good, however we rated the practice as requires improvement for providing safe services based on our findings which included lack of infection control training and legionella testing. The full comprehensive report on the 18 March 2015 inspection can be found by selecting the 'all reports' link for Dr P and S Poologanathan's surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 6 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 March 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. At this inspection we found that the issues found during the previous inspection had been addressed. Therefore, the practice is now rated as good for providing safe services.

Our key findings across the areas we inspected for this focused inspection were as follows:

- We found that the infection control lead had undertaken infection control training and audits were now carried out at six monthly intervals.
- We saw that learning from significant events was shared with non-clinical staff during practice meetings.
- Legionella testing was carried out by an external organisation and possible hazards identified had been actioned and appropriate records were maintained.
- We found that all staff who acted as chaperones were suitably trained.
- The practice nurse was aware of and could sufficiently articulate the Gillick competencies.
- The practice had a fire risk assessment and carried out fire drills annually.
- Clinical audits we looked at demonstrated that improvements had been made to ensure any negative results were addressed.

The area where the provider should make improvement is:

- The practice should review their fire risk assessment to ensure it is detailed and reflective of the practice's current arrangements.

# Summary of findings

**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.

- Learning from significant events was shared with non-clinical staff during practice meetings.
- Risks to patients were assessed and well managed in relation to infection control and legionella.
- All staff who acted as chaperones were trained for the role.
- The practice had a brief fire risk assessment and carried out fire drills annually. All staff had received fire training.

**Good**



# Dr P and S Poologanathan

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist advisor.

## Background to Dr P and S Poologanathan

Dr P and S Poologanathan operate from 261 Dagenham Road, Romford, Essex, RM7 0XR. The practice provides NHS primary medical services to just over 3100 patients in the Dagenham area. It also provides two secondary care services including minor surgery and an anti-coagulation clinic. The practice is part of the Havering Clinical Commissioning Group (CCG). It comprises of two full time GPs, male and female, one practice nurse, a practice manager and a small team of administrative staff. The practice is not a GP training practice but provides placement for medical

students as part of their community based medical education.

Based on data available from Public Health England (PHE), the level of deprivation within the practice population group is rated as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. At 78 years for males and 82 years for females, the average life expectancy is comparable to the England averages of 79 and 83 years, respectively.

Appointments were available from 8.30am to 6.30pm from Monday to Friday. GP consultation times were from 10.30am to 12.30pm and then 4.30pm to 6.30pm Monday to Friday. Extended opening hours were available on a

Tuesday from 6.30pm to 8pm. The practice did not close during the day and the appointment telephone line remained open and patients could walk into the practice and book an appointment. The out of hours services were provided by a local deputising service to cover the practice when it was closed.

The practice provides NHS primary medical services through a General Medical Services contract (General Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a full range of essential services including maternity services, child and adult immunisations, family planning clinic, and contraception services. It also provides two secondary care services including minor surgery and an anti-coagulation clinic.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 15 March 2015 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. A breach of legal requirements was found and a requirement notice was issued in relation to Cleanliness and Infection Control. As a result, we undertook a focused announced inspection on 6 March 2017 to follow up on whether action had been taken to address the breach outlined in the notice.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 March 2017.

During our visit we:

- Spoke with a range of staff including the lead GP, practice manager and practice nurse.
- Reviewed policies relating to legionella management, infection control and fire safety.

# Are services safe?

## Our findings

At our previous inspection on 15 March 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control were not satisfactory. In addition, we did not see written records to demonstrate that significant events were discussed routinely with all reception staff. Although the practice had a variety of other risk assessments in place to monitor safety of the premises they did not have a policy for legionella management and they had not undertaken a risk assessment.

These arrangements had significantly improved when we undertook a follow up inspection on 6 March 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

We saw written evidence to demonstrate that significant events were discussed routinely with all non-clinical staff. Significant events were a standing item on the practice's meeting agenda. For example, we looked at a significant event regarding a pregnant patient who was tested positive for an infectious disease. The incoming test result was filed away in patient's record and consequently important information was overlooked. Following the incident an investigation took place which included both clinical and non-clinical staff to review why the incident happened, what had been learned and what changes the incident brought about. Subsequently, all reception staff were trained to look out for important content within patient's correspondence and it was restated that all incoming test results required a GP's signature before being filed away.

### Overview of safety systems and process

A notice in the waiting room as well as in treatment rooms advised patients that chaperones were available if

required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

### Monitoring risks to patients

The practice nurse was the infection control clinical lead who undertook infection control training. We saw records from June 2015 to December 2016 confirming that the practice carried out six monthly internal infection control audits and identified actions that needed to be completed to minimise cross infection. For example, one of the audits identified that a sharps injury first aid poster was not on display in treatment rooms three and four, however this had since been actioned. The practice nurse understood her infection control role in relation to inducting and training new recruits.

### Arrangements to deal with emergencies and major incidents

The practice had a fire risk assessment; however it was brief and did not reflect the practice's current arrangements. Fire drills were carried out annually and all staff had received fire training. The practice had a legionella risk management policy which was last updated in February 2017 and detailed components of the legionella testing risk assessment which was carried out by an external organisation. The legionella risk assessment identified potential hazards where harm may occur if recommendations were not actioned. We saw evidence that the practice took appropriate action to address the recommendations and a written scheme was implemented to control the risk of exposure to legionella bacteria. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).