

Dr Varendar Winayak and Partner

Quality Report

The Medical Centre
192 Twickenham Road
Hanworth
Middlesex
TW13 6HD
Tel: 020 8481 7989
Website: www.drwinayakcentre.co.uk

Date of inspection visit: 16/03/2017
Date of publication: 26/04/2017

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

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr Vareendar Winayak and Partner	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Vareendar Winayak and Partner on 15 September 2016. The practice was rated as good overall. A breach of legal requirements was found relating to the Safe domain. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection we found that the practice had failed to ensure that all significant events were fully recorded and that lessons were learned from incidents. We also identified areas where improvements should be made, which included reviewing how they identified patients with caring responsibilities, ensuring that details of verbal complaints were recorded, ensuring that audits were used to drive improvement, reviewing their buddy arrangement with a neighbouring practice to ensure that associated risks are identified and mitigated, ensuring that all staff knew how to use the defibrillator, ensuring that they had adequate security arrangements for the storage of prescription sheets and pads, and ensuring that uncollected prescription were reviewed.

We undertook this focussed desk-based inspection on 16 March 2017 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Vareendar Winayak and Partner on our website at www.cqc.org.uk.

Following the focussed inspection, we found the practice to be good for providing safe services.

Our key findings were as follows:

- The practice had an effective system in place for reporting and recording significant events. Learning from significant events was shared with staff in order to make improvements to safety.
- Since the initial inspection, the practice had reviewed its protocol for recording details about patients with caring responsibilities and had identified various opportunities where staff could potentially identify whether a patient was a carer. As a result, the number of patients recorded as carers on their clinical system had increased from 35 patients (approximately 1%) to 441 patients (approximately 11%).

Summary of findings

- The practice had an effective system for recording verbal complaints. We saw evidence that all staff were engaged in this process and that complaints were discussed in practice meetings in order that learning could be shared.
- The practice had a programme of audit in place. We saw evidence that this was used to identify areas for improvement and that the impact of changes made were analysed.
- The practice had a reciprocal buddy arrangement with a local small practice, who were available to provide clinical and leadership cover when the partners were absent (for example, during holidays). The practice performed background checks on staff providing cover and had taken all reasonable steps to ensure that they were appropriately trained.
- The practice had purchased a defibrillator following the initial inspection, and we saw evidence that all staff had been trained to use it.
- The practice had arrangements in place to ensure that blank prescription pads and sheets were stored securely, and we saw evidence that all staff had been made aware of these arrangements and their responsibilities in relation to them.
- The practice had a process in place to regularly review prescriptions which had not been collected, and patients were contacted by phone and text message to remind them to collect their prescriptions.

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 had an effective system in place for reporting and recording significant events. Learning from significant events was shared with staff in order to make improvements to safety.

Good



Dr Vareendar Winayak and Partner

Detailed findings

Our inspection team

Our inspection team was led by:

This desk-based follow-up inspection was conducted by a CQC inspector.

Background to Dr Vareendar Winayak and Partner

Dr Vareendar Winayak and Partner provides primary medical services in Hanworth to approximately 3,700 patients and is one of 54 practices in Hounslow Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 21%, which is comparable to the CCG average of 22%, and for older people the practice value is 18%, which is lower than the CCG average of 21%. The age distribution of the practice's patients followed local averages. Of patients registered with the practice, the largest group by ethnicity are white (73%), followed by asian (15%), black (5%), mixed (4%), and other non-white ethnic groups (2%).

The practice operates from a 2-storey purpose-built premises. A small amount of car parking is available at the practice, and there is plenty of space to park in the surrounding streets. The reception desk, waiting area, and four consultation rooms are situated on the ground floor. The practice manager's office, a consultation room which is

seldom used, administration offices and staff kitchen are situated on the first floor. The practice has access to three doctors' consultation rooms and two nurse consultation rooms.

The practice team at the surgery is made up of one part time male GP is a partner, in addition, one part time male salaried GP and two part time female salaried GPs are employed by the practice. In total 15 GP sessions are available per week. The practice also employs one part time female nurse, one part time female nurse practitioner, and one part time healthcare assistant/phlebotomist. The clinical team are supported by a practice manager who is a partner in the practice, four reception staff, one administrator and one medical secretary.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 9am until 12:20pm on Monday, Thursday and Friday mornings and until 12pm on Tuesday and Wednesday mornings. In the afternoon appointments are from 1:20pm to 5:50pm on Mondays; from 4:40pm to 6:30pm on Tuesdays; from 3:50pm to 5:50pm on Wednesdays and Thursdays; and from 4:20pm to 5:50pm on Fridays. The practice's telephone lines remain open all day, and in the event of a medical emergency, a member of the clinical team is on site at all times to speak to the patient and determine whether they needed to be seen urgently. Extended hours appointments with both GPs and nurses are offered from 6:30pm to 7:30pm on Tuesdays.

Detailed findings

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; and family planning.

Why we carried out this inspection

We undertook a focussed inspection of Dr Varendar Winayak and Partner on 16 March 2017. This is because the service had been identified as not meeting one of the legal requirements associated with the Health and Social Care Act 2008. From April 2015 the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, a breach of regulation 12 (Safe care and treatment) was identified.

During the comprehensive inspection carried out on 15 September 2016 we found that the practice had failed to ensure that all significant events were fully recorded and that lessons were learned from incidents. We also identified areas where improvements should be made, which included reviewing how they identified patients with caring responsibilities, ensuring that details of verbal complaints were recorded, ensuring that audits were used to drive improvement, reviewing their buddy arrangement with a neighbouring practice to ensure that associated risks are identified and mitigated, ensuring that all staff knew how to

use the defibrillator, ensuring that they had adequate security arrangements for the storage of prescription sheets and pads, and ensuring that uncollected prescription were reviewed.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 15 September 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Varendar Winayak and Partner on 16 March 2017. This involved reviewing evidence that:

- The practice's revised significant event protocol had been shared with all staff, and that the practice was recording and acting on all significant events.
- The practice had reviewed its arrangements for identifying patients with caring responsibilities.
- The practice was recording all complaints received, including those made verbally.
- The practice was using clinical audit to drive improvement in their service.
- The practice had ensured that they had identified and mitigated any risks associated with their reciprocal buddy arrangement with neighbouring practices.
- The practice had ensured that their newly introduced arrangements relating to prescription security and uncollected prescriptions had been shared with staff.

Are services safe?

Our findings

At our previous inspection on 15 September 2016 we rated the practice as requires improvement for providing safe services as they had failed to ensure that all significant events had been recorded and discussed with relevant staff.

These arrangements had significantly improved when we undertook a follow up inspection on 16 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

During the initial inspection in September 2016 we found that the practice's process for recording significant events was not effective, as not all incidents had been recorded.

During the follow-up inspection the practice provided us with a copy of their revised significant event policy, which

had been updated to include examples of incidents which should be recorded. We also saw evidence that the practice had made all staff aware of the revised policy and that they had discussed staff members' responsibilities in relation to it.

The practice had recorded two significant events since the initial inspection. We saw the records relating to both and found that they had been thoroughly recorded and included details about the learning that had resulted and a record of learning points being shared with staff.

For example, one of the significant events related to an incident where there was a mis-communication between staff members about a patient's medication; we saw evidence that the practice had apologised to the patient and rectified their mistake, and that this incident had resulted in a procedural change which put in place additional safeguards that staff must follow when communicating about medication.