

Dr Dissanayake Mudiyanselage Cyril Wijeratne Bandara Pattapola


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 effective?	Good	
Are services well-led?	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 Dissanayake Mudiyanseelage Cyril Wijeratne Bandara Pattapola on 2 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Dissanayake Mudiyanseelage Cyril Wijeratne Bandara Pattapola on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 June 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 2 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good. Specifically, following the focused inspection we found the practice to be good for providing effective and well led services.

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements to ensure clinical

staff were kept up to date needed improving. Clinical audits were carried out but not completed with a second cycle. Records showed that most staff had not undergone training in fire safety, infection prevention and control or information governance. Neither of the GPs had undergone training in the Mental Capacity Act 2005. Two week wait referrals were emailed however the practice did not have any process in place to check the emails had been received. Its systems for actioning test results and follow up action was not sufficiently robust. Sharing of information with other services was not as timely as it could be as the practice did not make use of electronic note sharing.

We rated the practice as requires improvement for providing well-led services as we found some weaknesses in governance systems which impacted on the services being provided, including: gaps in recruitment documentation; gaps in staff training and the lack of a robust system to manage referrals, test results, follow ups, Patient Group Directions and single use equipment.

We also highlighted other areas where the provider should take action:

- Monitor Quality and Outcomes Framework (QOF) performance and take action if outcomes start to drop.

Summary of findings

- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.
- Provide staff and patients with access to translation services.

Our key findings at this inspection were as follows:

We found that the provider had taken action to address the breaches of regulation identified at our previous inspection.

- NICE and other guidelines were being stored on the practice's computer system for ease of access.
- Clinical audits had been completed with a second cycle.
- Staff had undergone training in a number of areas including fire safety, infection control, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- A new referral and test result policy had been implemented.
- The practice had signed up to the electronic shared care records scheme.
- Gaps in recruitment documentation had been rectified.
- Patient Group Directions and single use equipment was in date.

The practice was rated as good for providing safe services at the inspection in November 2016,

however at that time we had found out of date single use equipment and a Patient Group Direction. Gaps in recruitment documentation were also found. These issues were rectified during or just after the inspection. We reviewed these areas on this inspection and found that the practice had maintained these improvements.

We also found that the provider had taken the following action to address the areas where we suggested they should make improvements:

- The GP and the practice manager regularly reviewed the practice's QOF performance and told us they would take appropriate action if performance started to fall.
- The practice had increased the number of identified patients who were also carers from 28 to 64 (up to 2% from 1%).

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Provide staff and patients with access to translation services. This was raised at the previous inspection on 2 November 2016.
- Put systems in place to ensure staff understand and retain learning undertaken.

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 effective?

We found the practice had taken action to minimise risks to patients by improving how it actioned test results and referrals. The practice had signed up to the shared care records scheme which would enable them to share appropriate information with other care services.

Staff had undergone training in key areas including fire safety, information governance, infection prevention and control and basic life support. We noted, however, that some staff had undergone a wide range of e-learning over a very short period of time, several days before the inspection, but were unable to demonstrate the learning they had taken from it.

The practice could demonstrate quality improvement through clinical audit. It provided us with evidence of two completed audits.

We saw that guidelines from NICE were now all stored on the practice's computer system for ease of access. Staff used this information to deliver care and treatment that met patients' needs.

Good



Are services well-led?

We found the practice had taken action to improve its governance systems, including introducing new policies and procedures; providing staff training and ensuring gaps in recruitment processes were filled.

It had established new systems and process to ensure Patient Group Directions and single use equipment were in date.

We saw the practice had put a new test result and follow up procedure into place; and they had also revised their two week wait referral process. We were told the new procedures were discussed with staff in a team meeting and we saw minutes to support this.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for effective and well-led identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for effective and well-led identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for effective and well-led identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for effective and well-led identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective and well-led identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective and well-led identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Provide staff and patients with access to translation services. This was raised at the previous inspection on 2 November 2016.
- Put systems in place to ensure staff understand and retain learning undertaken.

Dr Dissanayake Mudiyanseelage Cyril Wijeratne Bandara Pattapola

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC lead inspector and a specialist GP advisor.

Background to Dr Dissanayake Mudiyanseelage Cyril Wijeratne Bandara Pattapola

Dr Dissanayake Mudiyanseelage Cyril Wijeratne Bandara Pattapola's practice is a partnership providing services to approximately 2600 patients in the Penge area of south east London under a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). It sits within the Bromley clinical commissioning group (CCG) which has 45 member practices serving a registered patient population of more than 340,000. Dr Pattapola's practice provides a number of enhanced services including timely diagnosis and support for people with dementia, minor surgery and extended hours access.

The staff team at the practice consists of one full time female GP, a male practice manager, a female practice nurse and administrators/receptionists. The practice provides 10 GP sessions per week. The service is provided from this location only.

The practice is open between 8am and 6.30pm Monday to Friday; with late opening on Wednesdays until 8pm. Appointments are from 9am to 12pm every morning and 4pm to 6.30pm every afternoon daily except for Thursday afternoons when the practice is closed. Extended hours appointments are offered on Wednesdays until 8pm. Outside of these hours, patients are advised to contact the NHS 111 service. The practice provides an online appointment booking system and an electronic repeat prescription service. The premises are not purpose built but all services are provided from the ground floor of the building, providing ease of access for patients with mobility difficulties. The practice does not have a hearing loop.

The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, surgical procedures, and diagnostic and screening procedures.

The practice has a higher percentage than the national average of people with a long standing health condition (58% compared to a national average of 54%). The average male life expectancy for the practice is 78 years, and for females 83 years. These compare to the CCG averages of 81 years and 84 years; and the national averages of 79 and 83.

Detailed findings

The population in this CCG area is predominantly white British. The second highest ethnic group is black or black British. The practice sits in an area which rates within the fourth most deprived decile in the country, with a value of 29.4 compared to the CCG average of 15.2 and England average of 21.8 (the lower the number the less deprived the area).

The patient population is characterised by an above England age average for patients, male and female, between the ages of 25 and 49; for male patients aged 50 – 59, and for female patients aged 0 – 4. It had fewer patients, male and female, aged 5 – 24 and above 60 than the England average.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Dissanayake Mudiyanseelage Cyril Wijeratne Bandara Pattapola on 2 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr Dissanayake Mudiyanseelage Cyril Wijeratne Bandara Pattapola on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Dissanayake Mudiyanseelage Cyril Wijeratne Bandara Pattapola on 6 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including receptionist, practice manager and GP.
- Reviewed clinical audits.
- Reviewed recruitment procedures, staff training and policies and procedures.
- Checked equipment.
- Reviewed governance systems including the management of test results, referrals and follow ups.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements to ensure clinical staff were kept up to date needed improving. Clinical audits were carried out but not completed with a second cycle. Records showed that most staff had not undergone training in fire safety, infection prevention and control or information governance. Neither of the GPs had undergone training in the Mental Capacity Act 2005. Two week wait referrals were emailed however the practice did not have any process in place to check the emails had been received. Its systems for actioning test results and follow up action was not sufficiently robust. Sharing of information with other services was not as timely as it could be as the practice did not make use of electronic note sharing.

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

Effective needs assessment

We saw that guidelines from NICE were now all stored on the practice's computer system for ease of access. Staff used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

We saw that the practice had completed the methotrexate audit it carried out in October 2010 by carrying out a second cycle. The first audit had indicated the practice was adhering to good practice guidelines for all of its patients prescribed this medicine. The re-audit, carried out in March 2017, confirmed the practice had continued to achieve a 100% compliance record.

We also saw the practice had re-audited its prescribing of broad spectrum antibiotics, initially carried out in July 2016. The second cycle showed that the practice had improved its prescribing and had achieved reductions in prescribing broad spectrum antibiotics of between 33% and 75%.

Effective staffing

We reviewed the staff training records and saw that staff had undergone training in key areas including fire safety, information governance, infection prevention and control and basic life support. The current GP (and the partner who had retired at the end of March 2017) had undergone training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We noted that some staff had undergone a wide range of e-learning over a very short period of time, several days before the inspection, but were unable to demonstrate the learning they had taken from it.

Coordinating patient care and information sharing

We saw the practice had put a new test result and follow up procedure into place; and they had also revised their two week wait referral process.

We were told the new procedures were discussed with staff in a team meeting and we saw minutes to support this. The practice told us they had signed up to the shared care records scheme which would enable them to share appropriate information about their patients with other services who were caring for them including hospitals and community health care services.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing well-led services as we found some weaknesses in governance systems which impacted on the services being provided, including: gaps in recruitment documentation; gaps in staff training and the lack of a robust system to manage referrals, test results, follow ups, Patient Group Directions and single use equipment.

We issued a requirement notice in respect of these issues following the original inspection. We found arrangements had improved when we undertook a follow up inspection of the service on 6 June 2017. The practice is now rated as good for being well-led.

Governance arrangements

We found the practice had taken action to improve its governance systems, including introducing new policies and procedures; providing staff training and ensuring gaps in recruitment processes were filled.

It had established new systems and process to ensure Patient Group Directions and single use equipment were in date.

We saw the practice had put a new test result and follow up procedure into place; and they had also revised their two week wait referral process. We were told the new procedures were discussed with staff in a team meeting and we saw minutes to support this.