

Dr Arulnathan Thuraiaratnam

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 of Tudor Lodge Health Centre (Dr Arulnathan Thurairatnam) on 2 June 2016. The practice was rated as good overall; however, breaches of legal requirements were found and therefore the practice was rated as requires improvement for 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 breaches of regulation 12 (Safe care and treatment) and 17 (Good governance) 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 the risks to patients and staff had been considered and mitigated with regards to fire safety at the premises, and that they had failed to put in place a formal process for checking emergency equipment and for ensuring that medicines were safely stored. We also found that they had failed to ensure that all significant events were thoroughly documented, that they had failed to ensure that complete records were kept in relation to patient care and treatment and the management of the service, that they had failed to securely store confidential patient information, and that there was no system in place to monitor the use of

prescriptions. We also identified areas where improvements should be made, which included ensuring that audit is being used to drive improvements in patient care, reviewing their recruitment process in relation to pre-employment checks, considering whether it would be beneficial for administrative staff to receive an individual appraisal and personal development plan, taking steps to identify as many carers as possible, and updating their business continuity plan.

We undertook this focussed inspection on 24 January 2017 to check that the practice had followed their action 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 Arulnathan Thurairatnam on our website at www.cqc.org.uk.

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

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- We saw evidence that records of staff meetings were kept.

Summary of findings

- Risks to patients were assessed and well managed. We saw evidence of a recent fire risk assessment for the practice premises which identified actions which the practice were addressing.
- Processes were in place to ensure the security of equipment, resources and patient information. All staff were aware of their responsibility in relation to these.
- Process were in place to ensure that emergency equipment was in working order and that adequate supplies of emergency medicines were available.
- The practice had identified 122 patients as carers, which represented approximately 2% of their patient list; this was an increase of 16 patients since the previous inspection.
- The practice had plans in place to begin conducting annual one-to-one appraisals with staff in the new financial year, and preparations had been made in advance of this.

- Clinical audit was used to drive improvements in patient care.
- The practice had updated their business continuity plan to include details of an alternative location that could be used to operate a service from in the event of a problem with their premises.

However, there were two areas where the practice should take action. They should:

- Ensure that the actions identified by the fire risk assessment are completed.
- Ensure that the planned staff appraisals are completed.

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?

- There was an effective system in place for reporting and recording significant events. Lessons learned from significant events were shared, and action was taken to improve safety in the practice.
- Risks to patients were assessed and processes were in place to mitigate risks identified. A recent fire risk assessment had been conducted which identified that adequate arrangements were in place to ensure the safety of wheelchair users. An action plan had been compiled to address the recommendations, which were scheduled to be completed by the premises' landlord by April 2017.
- Processes were in place to ensure that patient information, clinical equipment, resources and medicines were securely stored, in working order, and that sufficient stocks were available.

Good



Dr Arulnathan Thurairatnam

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 Arulnathan Thurairatnam

Dr Arulnathan Thurairatnam provides primary medical services from Tudor Lodge Health Centre in Southfields to approximately 6800 patients and is one of 44 practices in Wandsworth 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 28%, which is higher than the CCG average of 21%, and for older people the practice value is 26%, which is higher than the CCG average of 23%. The practice has a larger proportion of patients aged 0 to 44 years than the CCG average, and a much smaller proportion of patients aged 45 to 85+ years. Of patients registered with the practice, the largest group by ethnicity are white (66%), followed by Asian (15%), black (11%), mixed (5%) and other non-white ethnic groups (3%).

The practice operates from the ground floor of a two-storey purpose built premises (the first floor is used by local NHS community services). Car parking is available on site and in the surrounding streets. The practice has access to four doctors' consultation rooms and one nurse consultation room.

The practice team at the surgery is made up of one full time male GP who is the practice principal; and three part time female salaried GPs. In total 32 GP sessions are available

per week. In addition, the practice also has two part time female nurses (with one vacancy which is currently being recruited to), and one part time female healthcare assistant. The practice team also consists of a practice manager and six reception/administrative staff.

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), including providing the violent patient scheme.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8am to 1pm every morning, and 3pm to 6:30pm every afternoon. Patients can contact clinical staff by phone between 1pm and 3pm. Extended hours surgeries are offered between 6:30pm and 8:00pm Monday to Friday and from 8:30am to 11:00am on Saturdays.

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; surgical procedures; and family planning.

Why we carried out this inspection

We undertook a focussed inspection of Tudor Lodge Health Centre (Dr Arulnathan Thurairatnam) on 24 January 2017. This is because the service had been identified as not meeting two 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

Detailed findings

called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) were identified.

During the comprehensive inspection carried out on 2 June 2016 we found that the practice had failed to ensure that the risks to patients and staff had been considered and mitigated with regards to the risk of fire at the premises, and that they had failed to put in place a formal process for checking emergency equipment and for ensuring that medicines were safely stored. We also found that they had failed to ensure that all significant events were thoroughly documented, that they had failed to ensure that complete records were kept in relation to patient care and treatment and relating to the management of the service, that they had failed to securely store confidential patient information, and that there was no system in place to monitor the use of prescriptions. We also identified areas where improvements should be made, which included ensuring that audit is being used to drive improvements in patient care, reviewing their recruitment process in relation to pre-employment checks, considering whether it would be beneficial for staff to receive an individual appraisal and personal development plan, taking steps to identify as many carers as possible, and updating their business development plan.

This inspection was carried-out to check that improvements to meet legal requirements planned by the

practice after our comprehensive inspection on 2 June 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 Tudor Lodge Health Centre (Dr Arulnathan Thuraiaratnam) on 24 January 2017. This involved reviewing evidence that:

- Significant events were being recorded in detail and discussed to share learning.
- Records were kept of meetings, checks of emergency equipment and medicines.
- Procedures were in place in relation to the security of equipment, resources and patient information, and staff were aware of these.
- The risk of fire at the premises had been assessed and plans were in place to mitigate risks identified.
- Audit was being used to drive improvement in patient care.
- Policies and procedures had been updated.
- The practice was actively identifying patients with caring responsibilities.
- The practice had decided that one-to-one staff appraisals should be provided, and had put plans in place to deliver these.

Are services safe?

Our findings

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing safe services, as the arrangements in respect of recording significant events, security of patient records and blank prescriptions, and checking the functioning and stock control of clinical equipment and medicines were not adequate.

These arrangements had significantly improved when we undertook a follow-up inspection on 24 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

During the initial inspection we found that systems were in place for reporting and recording significant events, but these were not clear. We found that not all significant events were formally recorded, and there was no process in place to ensure a consistent oversight of significant events that occurred.

For the desk-based inspection on 24 January 2017, the practice provided us with copies of three significant events that had occurred since the initial inspection, and these had been recorded in detail. Following the initial inspection the practice had begun to minute their weekly clinical meetings and had added significant events to the agenda of these meetings as a standing item. We saw evidence of the three significant events having been discussed in clinical meetings. For example, the practice had recorded an incident where an electrician had turned off their vaccines fridge, causing the fridge temperature to go out of range and the vaccines being stored in it to be spoiled. The practice had analysed this incident and identified that the alarm on the fridge thermometer did not go off in the event of a power failure; they had therefore installed a separate battery-operated alarm, they had also discussed the incident with staff to ensure that they were aware of the action to be taken in the event of a break in the cold chain.

We were also told by the practice that they would be conducting six-monthly significant event review meetings to enable them to identify any trends in the incidents that had occurred; however, they had not yet had one of these meetings at the time of the follow-up inspection.

Overview of safety systems and process

During the initial inspection we found that vaccine fridge temperatures were only recorded on days when nursing staff were present at the practice, and therefore there were two days per week when temperatures were not recorded. Blank prescription sheets and pads were securely stored; however, there was no process in place to monitor their use. We also found that personnel files did not always contain complete recruitment information.

Following the initial inspection, the practice had put processes in place to ensure that vaccine fridge temperatures were checked on every day that the practice was open, and we viewed fridge temperature records to confirm this.

The practice had put in place arrangements to record stocks of prescription sheets and pads, and we saw evidence of these.

The practice informed us that they had not recruited any new staff following in the period between the initial inspection and the follow-up inspection, and we were therefore unable to establish whether the practice had made improvements in the area.

Monitoring risks to patients

During the initial inspection we found that the practice had failed to address areas for action identified in a fire risk assessment carried-out in 2015. We also observed that two of the fire exits were not suitable for wheelchair users.

Following the initial inspection, the practice arranged for an updated fire risk assessment to be conducted, and this was carried-out in October 2016 by an independent expert. The practice provided us with a copy of this risk assessment, which did not raise concerns about the accessibility of fire exits and identified that ramps and refuge areas were available for wheelchair users as appropriate. An action plan identifying actions required by the premises landlord (NHS Property Services) had been developed, which gave deadlines for action as 11 April 2017.

Arrangements to deal with emergencies and major incidents

During the initial inspection we found that the practice had emergency equipment available, but there was no formal process in place for checking that this equipment was working. We also found that the practice had a business continuity plan in place but that some details contained within it were out of date.

Are services safe?

Following the initial inspection the practice put a formal process in place for checking monthly that emergency equipment was in working order. We saw records to confirm that these checks were being completed.

The practice also provided us with a copy of their current business continuity plan, and we saw that details which had previously been out of date had been updated.