

Dr Durairaj Jawahar and Partners

Inspection report

122 Parker Drive
Leicester
LE4 0JF
Tel: 01162353148
www.drtrivediandpartners.co.uk

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out a comprehensive inspection at Dr Durairaj Jawahar and Partners on 8 April 2021. Due to the impact of the COVID-19 pandemic, the majority of evidence reviewed, and staff interviews were undertaken remotely following the 8 April 2021.

The practice had previously received a comprehensive inspection in October 2015 when it received an overall rating of good with all domains rated as good.

You can read the comprehensive inspection reports by selecting the 'all reports' link for Dr Durairaj Jawahar and Partners on our website at www.cqc.org.uk

Following our inspection in April 2021, the practice is now rated as requires improvement overall. The practice is rated as requires improvement for safe, caring, effective, responsive and well led services.

All population groups under the responsive domain are requires improvement.

Population groups under the effective domain are requires improvement for older people, Working age people, People whose circumstances make them vulnerable, People experiencing poor mental health and Families, children and young people. People with long-term conditions was rated as inadequate in the effective domain.

The service is now rated as requires improvement for providing safe services because:

- At this inspection we found there were systems and processes in place, however they were not embedded as part of a regular system to ensure prescribing was safe.
- For example, when an alert was received from the Medicines and Healthcare products Regulatory Agency (MHRA) *an audit would be conducted to ensure patients' care was in line with the alert and changes made where appropriate. However, the audit was not regularly run to ensure patients new to the practice or prescribed medicines after the alert were receiving safe care. As a result, we found small numbers of patients being prescribed medicines against best practice guidelines.*

The service is now rated as requires improvement for providing effective services because:

- At this inspection we found there were monitoring and diagnoses concerns when we looked into patients' records.
- Patients had not all received a regular medicines review and the ones who had were not completed in a standardised way.
- Patients were not always coded correctly with a diagnosis which meant they did not always receive the care they might need in line with best practice guidelines.

The service remains rated as requires improvement for providing caring services.

- At this inspection we found there were lower than local average results to the patient survey results. Although due to the pandemic the practice had not been able to complete a patient survey to see if things they had changed, such as the telephone system, had improved the service they provided.

The service remains rated as requires improvement for providing responsive services.

- At this inspection we found data indicated some indicators were below the local and national average for the patient national survey. Although the practice had made changes; these were yet to show improvement through surveys.

The service is now rated as requires improvement for providing well-led services because:

Overall summary

- At this inspection we found there was a lack of consistent oversight of patient care. For example, management of long-term conditions to best practice guidelines and recognising newly diagnosed patients with conditions such as diabetes and kidney disease. This had led to some patients not having annual reviews and medicine reviews.
- However, once we highlighted this during the inspection process the practice were proactive in making appropriate changes to the way patients were coded and to the relevant medicines patients were prescribed.

In addition, the provider **must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Details of our findings and the evidence supporting our ratings are set out in the evidence table.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires Improvement 
People with long-term conditions	Inadequate 
Families, children and young people	Requires Improvement 
Working age people (including those recently retired and students)	Requires Improvement 
People whose circumstances may make them vulnerable	Requires Improvement 
People experiencing poor mental health (including people with dementia)	Requires Improvement 

Our inspection team

Our inspection team was led by a CQC inspector supported by a GP Specialist Advisor.

Background to Dr Durairaj Jawahar and Partners

Dr Durairaj Jawahar and Partners provide primary medical services to a population of approximately 15,613 patients in Leicester. Parker Drive is the main surgery located at 122 Parker Drive, Leicester with a branch site called Manor Medical located at 577 Melton Road, Leicester.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Across the two sites there are five partner GPs, a salaried GP and a regular locum GP. In addition, there are advanced nurse practitioners, nurses and healthcare assistants, supported by a team of secretaries, receptionists and a temporary practice manager.

The practice is open between 8am and 6.30pm Monday to Friday. The practice has access to extended hours hubs around Leicester city for appointments. When the practice is closed patients are asked to contact NHS 111 for out-of-hours care.

Information published by Public Health England shows the practice population age profile is in line with the England average and rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were inadequate systems or processes in place to ensure all patients were diagnosed and treated appropriately for their long-term conditions.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Diagnostic and screening procedures	