

Dr Durairaj Jawahar and Partners

Inspection report

122 Parker Drive
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Date of inspection visit: 13/01/2022 17/01/2022
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced focussed inspection at Dr Durairaj Jawahar and Partners, Manor Park Medical Centre on 12th January 2022 to 17th January 2022. We did not visit the practice situated at 122 Parker Drive, Leicester, LE4 0JF

Overall, the practice is rated as Inadequate .

Safe - Inadequate

Effective - Inadequate

Well-led - Inadequate

Following our previous inspection on 8 April 2021, the practice was rated Requires Improvement overall and for all key questions and population groups except for people with long term conditions which was rated Inadequate. A breach of regulation 12 was identified regarding safe care and treatment.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Durairaj Jawahar and Partners on our website at www.cqc.org.uk

Why we carried out this inspection

This focused inspection, including a remote review of clinical records and a site visit, was conducted following concerns which were received to the CQC around a backlog of correspondence and tasks and low staffing numbers. We inspected the key questions of safe, effective and well led.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- A site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

Overall summary

We have rated this practice as Inadequate overall

We found that:

- Patients were not receiving safe care and treatment at the practice.
- Actions to review and monitor patients had not been implemented including regular reviews and ongoing monitoring. This left patients at risk of harm.
- Safeguarding concerns, including adults and children, were not appropriately recorded, acted on or monitored which left people at risk of harm.
- The practice did not always recognise and act on patients who needed clinical care or urgent reviews.
- There was a lack of suitably competent staff to carry out roles within the practice.
- There was a lack of clinical oversight and governance within the practice.
- The practice did not recognise incidents or risks to patients and did not effectively mitigate any risks they were aware of.
- There was a lack of clarity around appointments being offered with the GP's and staff reported that GP's often finished early leaving them unable to carry out other appointments without a GP on site.
- The system in place to deal with significant events was not effective.
- There was no system to deal with complaints.

We found seven breaches of regulations. The provider **must**:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences
- Ensure care and treatment is provided in a safe way to patients
- Ensure patients are protected from abuse and improper treatment
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation. Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Act in accordance with the Duty of Candour

As a result of the inspection team's findings from the announced focused inspection and the risk to service users' life, health and wellbeing, the Commission decided to apply to Leicester Magistrates' Court to cancel the providers registration to carry out these regulated activities under section 30 of the Health and Social Act 2008.

Section 30 of The Health and Social Care Act 2008 is one of the most severe enforcement powers available to the Commission. Section 30 allows the Commission to make an urgent application to the Magistrates Court seeking urgent cancellation of registration, if, unless the order is made, there will be a serious risk to a person's life, health or wellbeing. The order for cancellation was granted by the Magistrates Court on Thursday 20 January 2022 and served upon the provider with immediate effect. The provider, which was a partnership of five GP's, is therefore unable to carry on the regulated activities.

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

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and a second CQC inspector who undertook the site visit. The team included a GP specialist advisor and two members of the CQC pharmacy team who completed clinical searches and records reviews without visiting the location.

Background to Dr Durairaj Jawahar and Partners

Dr Durairaj Jawahar and Partners is located in Leicester at:

122 Parker Drive

Leicester

Leicestershire

LE4 0JF

The practice has a branch surgery at:

577 Melton Road

Thurmaston

Leicestershire

LE4 8EA

The branch site at 577 Melton Road was visited as part of the inspection activity.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 15,500. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Millennium Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data from 2015, the ethnic make-up of the practice area is 54% white, 36% Asian, 5% Black, 3% Mixed and 2% Other.

There was a team of 7 GPs who provided cover at both practices. The practice has one advanced nurse practitioner and a team of nurses who provided nurse led clinics for long-term conditions at both the main and the branch location. The GPs are supported at the practice by a team of reception and administration staff. There was a business manager who provided support to the practice for three days a week.

Due to control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations.

Extended access is provided locally by the millennium primary care network, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Patients were not protected from abuse and improper treatment.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Complaints were not dealt with effectively or appropriately. There was a lack of investigation and actions in response to complaints. There was a lack of systems for identifying receiving, recording, handling and responding to complaints.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes did not ensure good governance in accordance with the fundamental standards of care.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing There was not sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the fundamental standards of care and treatment.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour
The provider did not act in accordance with the Duty of Candour.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Patients were not receiving appropriate care and treatment which met their needs and reflected their preferences.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Patients were not receiving safe care and treatments and were at significant risk of harm.