

# Dr Thyagarajagopalan Krishnamurthy

## Quality Report

**East Ham Memorial Hospital,  
Shrewsbury Road,  
London,  
E7 8QR**

Tel: 0208 586 6555  
Website: No website

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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?

Requires improvement



# 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 Thyagarajagopalan Krishnamurthy on 9 August 2016. The overall rating for the practice was good. However, the rating for the practice providing safe services requires improvement and we found six areas where the provider should make improvements that mostly related to safety. The full comprehensive report on the 9 August 2016 inspection can be found by selecting the 'all reports' link for Dr Thyagarajagopalan Krishnamurthy on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 1 December 2017 to check that the provider had made improvements and to confirm that they met requirements. This report covers our findings in relation to the areas where the provider should make improvements.

Overall the practice remains rated as good overall and requires improvements for providing safe services.

Our key findings were as follows:

- The practice did not have an effective process for identifying and managing significant events.
- The practice had liaised with relevant health and social care professionals to identify children at risk but systems were not in place to identify and flag vulnerable patients.
- Medicines including emergency medicines were stored appropriately.
- Prescription pads were securely stored and monitored.
- The practice had improved patients telephone access by staggering opening up of appointments throughout the day, to manage incoming calls activity and allow better access to appointments for patients calling later in the day.
- The practice had completed a programme of clinical audit improve outcomes for patients.
- Patients with caring responsibilities were identified and received appropriate support. For example, the practice had identified 1% of its patient list as carers that were given priority appointments and offered annual flu vaccinations, as well as signposting to local support groups and services.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

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

# Dr Thyagarajagopalan Krishnamurthy

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a lead CQC inspector and included a GP specialist adviser.

## Background to Dr Thyagarajagopalan Krishnamurthy

Dr Krishnamurthy's Practice is located in a purpose built medical centre at the East Ham Memorial Hospital Building, Shrewsbury Road, Forest Gate, London E7 8QR, it shares the building with other services including an Early Intervention Unit and another GP practice. The premises are owned and maintained by NHS Property Services.

The practice is commissioned by Newham Clinical Commissioning Group to provide NHS primary medical services to approximately 2000 patients through a General Medical Services (GMS) contract, this is a contract between general practices and NHS England for delivering primary care services to local communities.

The practice premises has step free access with an accessible toilet and parking space for disabled patients, it is located off the main road and well served by local buses and East Ham underground and over ground stations.

There is one male principal GP working five sessions per week, a salaried male GP also working five sessions per

week, and a female practice nurse working four sessions per week. The practice manager works part time and there are three administration and reception staff working a variety of part time hours.

The practice is open:

- Monday and Tuesday 9am to 7pm (6.30pm to 7pm are extended hours)
- Wednesday and Friday 9am to 6.30pm
- Thursday 9am to 12pm

GP appointments are available:

- Monday and Tuesday 9am to 11am, 4.30pm to 6pm, and 6.30pm to 7pm
- Wednesday and Friday 9am to 11am and 4.30pm to 6pm
- Thursday 9am to 11am

The practice provides telephone consultations and home visits. The home visits are carried out between morning and evening surgery and after evening surgery. Out of hour's services and weekends are covered by the GP Co-op at the local Hospital's Urgent Care Centre and the 111 service.

Information published by Public Health England 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.

## Why we carried out this inspection

We undertook an on-site comprehensive inspection of Dr Thyagarajagopalan Krishnamurthy on 9 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of

## Detailed findings

our regulatory functions. There were no breaches of regulations however there were six areas identified where the practice should improve. The practice was rated as requires improvement for providing safe services, good for providing effective, caring, responsive and well-led

services, and good over all. We undertook this follow up inspection on 1 December 2017 to check that action had been taken in relation to the areas the practice should improve.

# Are services safe?

## Our findings

At our previous inspection on 9 August 2016 we found that most safety systems and processes for monitoring risks to patients were well managed. However, there were gaps or weaknesses in arrangements for significant events management, safeguarding children, storage of emergency medicines and monitoring usage of prescriptions. We made recommendations where the practice should improve in respect of these issues.

Arrangements had not sufficiently improved when we undertook this follow up inspection on 1 December 2017. The practice remains rated as good overall and requires improvement for providing safe services and has also been issued with a requirement notice to make improvements.

### Safety systems and processes

At our previous inspection on 9 August 2016 arrangements were in place to safeguard children from abuse. There were no children on the child safeguarding list but the practice had engaged with the local safeguarding team who confirmed that the practice list did not contain any children with safeguarding concerns.

At this inspection, 1 December 2017, the practice systems to keep patients safe and safeguarded from abuse were variable.

- The practice continued to maintain its systems to safeguard children from abuse. There were no protected children on its register but the practice obtained regular updates from local health and social care professionals. However, we also checked arrangements for vulnerable adults with safeguarding considerations and there was no alert for a vulnerable adult on the practice system to flag these concerns to staff. There was no evidence any harm had come to the patient in the absence of an appropriate alerting system. We checked both the adult and child safeguarding policies and found the safeguarding children policy stated an alert should be placed on the clinical system for safeguarded/ protected children but the safeguarding adult's policy did not.
- Staff received up-to-date safeguarding and training appropriate to their role and knew how to report concerns.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

### Safe and appropriate use of medicines

At our previous inspection on 9 August 2016 emergency medicines were in date and stored in a locked non-patient area, however on the day of inspection the cupboard was unlocked. There were no systems to monitor the use of prescriptions.

At this inspection 1 December 2017 the practice had reliable systems for appropriate and safe handling of medicines and monitoring prescriptions use.

- Medicines including emergency medicines were stored appropriately and securely.
- The practice kept prescription stationery securely and monitored its use.

### Lessons learned and improvements made

At our previous inspection on 9 August 2016 the practice had only identified one significant event in the last two years. There was a significant events recording form available but it was not used effectively. Records did not include an analysis of what had occurred or detail any learning identified or shared with staff.

At this inspection 1 December 2017 the practice had identified five significant events since our previous inspection; however, several other significant events had not been identified and there was no evidence of learning and changes implemented to improve safety within the practice.

- Staff understood their duty to raise concerns and report incidents and near misses but were not sufficiently aware of what might constitute a significant event, or how to analyse significant events effectively. We checked staff meeting minutes dated May and August 2017 and there was no structure to facilitate agreed actions or to follow up actions required. The minutes were not sufficiently comprehensive or clear and contained examples of significant events that had not been identified by the practice. For example, an incorrectly completed patient referral and a patient that was wrongly coded for a sensory impairment.

## Are services safe?

- We checked the significant events protocol and recording form and both had weaknesses. For example, there was no method to establish the root cause of significant events, to examine how things could have been different such as what went well or less well, whether change was required and if so what needed to change or any method to evaluate potential safety improvement actions.

After our inspection the practice sent us evidence it had started to analyse and learn from three significant events it had identified, two of these were identified during our inspection.

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
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• To identify vulnerable patients.</li></ul> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Appropriate recording, investigation and analysis of significant events.</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>