Dr Thavapalan

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
Are services effective?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We undertook an announced focused inspection of Dr Thavapalan on 5 May 2016. We found the practice to be good for providing safe, effective and well-led services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of Dr Thavapalan on 25 August 2015. As a result of our findings during that visit, the practice was rated as good for being responsive and caring, and requires improvement for being safe, effective, and well-led, which resulted in a rating of requires improvement overall. We found that the provider had breached four regulations of the Health and Social Care Act 2008; Regulation 12 (2)(h) safe care and treatment, Regulation 17 (1)(2)(a)(b)(e) good governance, Regulation 18 (2)(a) staffing, and Regulation 19 (1)(2)(a) fit and proper persons employed.

The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements. We undertook this focused inspection to check that the practice had followed their plan, and to confirm that they had met the legal requirements.

This report only covers our findings in relation to those areas where requirements had not been met. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Thavapalan on our website at http://www.cqc.org.uk/location/1-493944585/reports.

Our key findings across all the areas we inspected were as follows:

- The provider had implemented a system to share, monitor and review information about incidents, significant events and safety alerts.
- The provider had implemented an effective process to assess the risk of the spread of infections.
- All staff were up to date with mandatory training.
- The provider was able to demonstrate further evidence of quality improvements from a completed audit.
- The provider had sufficient stocks of emergency medicines.
- The provider took action to ensure all staff were aware of how to access the practice's business continuity plan for non-medical emergencies.
- The practice had conducted background checks on all staff who acted as chaperones.

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?

Good

The practice is rated as good for providing safe services.

- The practice held a documented meeting after the initial inspection to discuss and share learning from a significant event that had occurred. The practice also developed a protocol for significant events which they distributed to staff via their computer system.
- The practice held a documented team meeting where all staff were updated on how to access the practice's business continuity plan for non-medical emergencies.
- Risks to patients had been assessed and monitored. The practice had conducted an infection control audit; all actions from the audit had been addressed.
- The practice had conducted Disclosure and Barring Service checks on all staff who acted as chaperones.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice provided evidence that all outstanding mandatory training had been completed.
- The practice provided evidence of quality improvements from clinical audits.

Are services well-led?

Good

The practice is rated as good for providing well led services.

- The practice provided evidence of documented clinical and team meetings, and of steps it had taken implemented to monitor and improve the quality of services and identify risk, such as the infection control audit.

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 practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this affected the ratings for the population groups we inspect against.

Good

People with long term conditions
The practice is rated as good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this affected the ratings for the population groups we inspect against.

Good

Families, children and young people
The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the ratings for the population groups we inspect against.

Good

Working age people (including those recently retired and students)
The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this affected the ratings for the population groups we inspect against.

Good

People whose circumstances may make them vulnerable
The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this affected the ratings for the population groups we inspect against.

Good

People experiencing poor mental health (including people with dementia)
The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this affected the ratings for the population groups we inspect against.

Good

Dr Thavapalan

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission Lead Inspector.

Why we carried out this inspection

We carried out an announced, focused inspection of this service on 5 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This is because the service was not meeting some legal requirements during our previous comprehensive inspection on 25 August 2015.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made. We inspected against the practice being safe, effective and well-led, and against the following population groups:

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

How we carried out this inspection

During an announced, focused inspection on 5 May 2016, we reviewed a range of information provided by the practice. We spoke with the practice manager and the lead GP.

Good

Are services safe?

Our findings

Safe track record and learning

During the previous inspection on 25 August 2015, we found there was limited use of systems to share, monitor and review information about significant events and safety alerts.

During this inspection, we found the practice had discussed a recent significant event with staff at a meeting and they provided documented evidence and shared learning to demonstrate this. They also provided evidence of a significant event protocol they had developed and shared with staff. The practice manager informed us they had implemented a system whereby they informed individual clinicians by email of safety alerts that needed to be actioned. They provided evidence of safety alerts that had been shared with GPs and nurses, and told us they had created a folder to contain details of alerts that had been actioned.

Medicines management

During the previous inspection, we found the practice did not have glucagon for the treatment of hypoglycaemia in emergencies.

During this inspection, the practice provided evidence that it had purchased glucagon.

Cleanliness and infection control

During the previous inspection, we found the practice had not adequately assessed infection control risks.

During this inspection, we found the practice had improved assurances of risks associated with infection control. They conducted an infection control audit in October 2015 and all actions for improvements had been addressed. They provided evidence that all staff had received outstanding infection control training within the previous six months.

Staffing and recruitment

During the previous inspection, we found the practice did not have effective recruitment processes in place, and not all chaperones had received a Disclosure and Barring Service (DBS) check.

During this inspection, the practice provided evidence that they had conducted DBS checks on all staff who acted as chaperones. The practice gave us a written assurance that they would follow a robust recruitment process; they were not able to demonstrate the process as there had been no recent recruitment.

Arrangements to deal with emergencies and major incidents

During the previous inspection, we found that not all staff members were aware of arrangements in place to manage non-medical emergencies.

During this inspection, the practice provided meeting minutes to demonstrate that all staff had been updated on the practice's business continuity plan, and how to access it.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

During the previous inspection on 25 August 2015, we found there was no evidence of completed audit cycles, or that audits were driving improvements in performance.

During this inspection, the practice provided evidence of a clinical audit which demonstrated quality improvement. An audit conducted on a medicine used to treat severe skin conditions and rheumatoid arthritis in September 2015 identified 10 patients on this medicine who had no record of liver function monitoring tests in the previous three months. The practice obtained test results for seven patients and requested liver function tests for the remaining three patients. A re-audit conducted in February 2016 identified three new patients who had not received a blood test, and tests were carried out for all of them. The audit was discussed with clinical staff to improve the management of these patients. The practice assigned a clinical lead for ensuring all blood tests were completed, and that test results were recorded on patients' records before issuing prescriptions for the medicine.

The practice should continue to make improvements to their quality improvement programme.

Effective staffing

During the previous inspection, we found not all staff members had received mandatory infection control training.

During this inspection, the practice provided evidence that all staff were up to date with mandatory training.

Are services well-led?

Good

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

Our findings

Governance arrangements

During the previous inspection on 25 August 2015, we found arrangements for governance and performance management did not always operate effectively. We also found there were ineffective systems in place to monitor and improve quality and identify risk.

During this inspection, the practice provided evidence that improvements to outcomes for patients had been improved following an additional clinical audit that had been conducted after our inspection. The practice had implemented arrangements for identifying, recording and managing risks and issues, and they had implemented mitigating actions where necessary. This was in relation to ensuring outstanding staff training had been received, an infection control audit was conducted and all actions were addressed, and they had improved the system for managing and sharing learning from incidents, significant events and safety alerts.