

Dr George Duru

Inspection report

Integrated Care Centre
New Radcliffe Street
Oldham
OL1 1NL
Tel: 01616213636

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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 caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Dr George Duru on 16 May 2023. Overall, the practice is rated as inadequate, with the following key question ratings:

Safe - inadequate

Effective - inadequate

Caring - requires improvement

Responsive - inadequate

Well-led - inadequate

Following our previous inspection on 11 November 2016, the practice was rated good overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. The risk had increased due to concerns we received.

How we carried out the inspection/review

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 (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Conducting an interview with the provider using video conferencing.
- Requesting evidence from the provider.
- A short site visit.
- Issuing questionnaires to staff

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

Overall summary

- information from the provider, patients, the public and other organisations.

We have rated this practice as **inadequate** overall.

We rated the provider **inadequate** for providing safe services:

- Staff were not all trained in safeguarding.
- Recruitment systems were not effective and relevant legislation was not adhered to.
- Infection prevention and control systems were not effective.
- Safety procedures such as for fire and health and safety were not adequate.
- Significant events were not used for learning or to improve practice when things went wrong.
- Safety alerts were not appropriately actioned.

We rated the provider **inadequate** for providing effective services:

- Clinicians were not always up to date with current guidance.
- A Statement of Intent had been in place with no evidence of consultation.
- A delayed referral had not been actioned in a timely way.
- Blood tests were not always repeated at appropriate intervals.
- We saw 33 cases of potentially missed diabetes diagnoses.
- We saw over-prescribing of asthma inhalers.
- Childhood vaccinations were below target.
- There was no programme of targeted quality improvement.
- Training was not well-managed.
- Staff appraisals were not routinely carried out.

We rated the practice **requires improvement** for providing caring services:

- A patient had been asked to register with a new practice when they made a complaint.
- There were no internal patient surveys, and the NHS website was not checked for patient comments. This was a missed opportunity to identify where improvements could be made.
- The website did not contain information about support groups, including for carers of the bereaved.

We rated the practice **inadequate** for providing responsive services:

- Appointments were difficult to access unless patients could get through on the telephone or attend the practice.
- Only on the day appointments were available
- Complaints were not handled appropriately and there was a lack of transparency in complaints' handling.

We rated the practice **inadequate** for providing well-led services:

- Leaders had not identified the risks we found during the inspection.
- Poor performance had not been identified and acted on.
- Policies were not followed and did not contain enough information to provide relevant guidance.
- There were no formal systems for managing risks.
- Information, such as from complaints, was not recorded and acted on.

Overall summary

- Staff were unsure about raising concerns about patient care and did not know of improvements made following patient feedback.

We found 5 breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- 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 out of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition, the provider **should**:

- Improve their take-up for childhood immunisations.
- Give staff protected time for training.
- Keep a log of rejected referrals.
- Have a full record of Do Not Attempt Cardiopulmonary Resuscitation decisions in order for reviews to be carried out.

Due to the breaches of regulation identified we will be carrying out further enforcement action against the provider.

I am placing this service in special measures. The Care Quality Commission will refer to and follow its enforcement processes in taking action reflecting these circumstances.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC inspector who undertook a site visit and spoke with the provider using video conferencing facilities. The team included a second CQC inspector, and a GP specialist advisor who spoke with the provider using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr George Duru

Dr George Duru, also known as The Duru Practice, is located in Oldham at:

Integrated Care Centre

New Radcliffe Street

Oldham

OL1 1NL

The provider is registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice delivers a Personal Medical Services (PMS) contract to a patient population of 4046 at the time of inspection. This is part of a contract held with NHS England. The practice is part of the Oldham locality of the Greater Manchester Integrated Care Board.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to available data, the ethnic make-up of the practice area is 62% white, 33% Asian, and 5% black, mixed or other.

The provider is registered as an individual. They are the lead GP (male) and there is a long-term locum GP (male) who works 10 hours a week. There is a nurse practitioner (female) who works 8 hours a week and a practice nurse (female) who works 4.5 hours a week. A new practice nurse started work at the practice the week of our inspection and they will work 30 hours, Monday to Friday, when trained. There is a healthcare assistant. There is a practice manager and administrative and reception staff.

The practice is located in a large purpose-built building in the centre of Oldham. Several other GP practices are located in the same building.

The practice is open from 8am until 6.30pm on Monday to Friday but the practice nurse offers appointments from 7.30am one day a week if needed. All appointments are book on the day, and these can be face to face or telephone consultations.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided through NHS 111. Additionally, patients can access GP services in the evening and on Saturdays through the Oldham extended access scheme.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The provider investigated and responded to all formal complaints, including complaints where the provider was named.• A record of informal complaints was not made so there was no evidence of trends, numbers of complaints or learning required.• Information was not provided to complainants about how to escalate their complaint should they be dissatisfied with the outcome. <p>This was in breach of Regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• Inaccurate information was included in the safeguarding policy.• Policies such as the infection control policy did not state who the lead staff member was.• Policies such as the safeguarding, infection control and fire safety policy were not being followed.

Enforcement actions

- The system to ensure all staff received appropriate training was not effective.
- The system for authorising practitioners to administer certain medicines was not effective.
- Not all staff were aware there was a Freedom to Speak Up Guardian to provide support and advice to staff who want to raise concerns.
- The system for managing significant events and complaints was not effective.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying out of the regulated activity. In particular:

- The system for making improvements following significant events and complaints was not effective.
- The system for managing infection prevention and control risks was not effective.

The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. In particular:

- A statement was in place stating a GP had seen a patient on a particular day. The consultation was not recorded on the practice's consultation system.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to ensure staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. In particular:

- There was no formal clinical supervision for the nurses or healthcare assistant.

Enforcement actions

- Training was not adequately monitored and staff, including clinicians, were not up to date with mandatory training.
- Appraisals were not a priority and there had been gaps of several years between appraisals.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had failed to have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:

- A full work history including a written explanation of any gaps was not held for all staff, including newly employed staff.
- Checks were not carried out to confirm staff had the right to work in the UK.

The provider had failed to ensure all clinicians were registered with the relevant professional body. In particular:

- Professional registration checks during the recruitment process and on an ongoing basis were not carried out.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to assess the risks to the health and safety of service users receiving care or treatment and had not done all that is reasonably practicable to mitigate any such risks. In particular:

Enforcement actions

- Not all relevant Medicines and Healthcare Products Regulatory Agency (MHRA) alerts had been sufficiently actioned.
- Patients with asthma were prescribed rescue steroids without appropriate consultation.
- Our clinical searches found patients with potential missed diabetes diagnoses who did not have access to appropriate diabetic health checks.
- Patients with asthma were prescribed a high number of inhalers and the excessive use had not been queried during asthma or medicine reviews.
- Medicine reviews were usually single code entries with no evidence the reviewer checked the monitoring was up to date.

The provider had failed to ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way. In particular:

- The provider did not hold any practice-specific health and safety assessments.
- The fire warden did not work full time and the deputy fire warden was not trained.

The provider had failed to ensure that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and used in a safe way. In particular:

- Hypodermic needles past their expiry date were found in the healthcare assistant's room.

The provider had failed to ensure the proper and safe management of medicines. In particular:

- The provider did not have effective arrangements in place for authorising the practice nurse or healthcare assistant to administer medicines.

The provider had failed to ensure persons providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely. In particular:

- No checks had been sought or were available to confirm the practice nurse had the required training to carry out their role.

This section is primarily information for the provider

Enforcement actions

- Not all staff had completed training in fire safety or infection prevention and control.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.