

Dr Devanna Manivasagam

Inspection 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 location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an unannounced comprehensive inspection at Stone Cross Medical Centre on 8 January 2020, due to concerns identified at an inspection of the provider's practice Clifton Medical Centre and its branch surgery on 19 December 2019. As there were concerns identified at a provider level, highlighting a lack of effective leadership and clinical oversight, a decision was made to inspect each of the providers (Dr Devanna Manivasagam's) four practices on 8 January 2020. Following the inspection we took urgent enforcement actions against the provider and imposed conditions to their registration.

This GP Focused Inspection Pilot (GPFIP) in September 2020, was undertaken to follow up the conditions imposed on the providers registration with no site visit undertaken therefore was not rated.

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. The inspection consisted of remote interviews and reviews of clinical records.

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

- what we found as part of the GP Focused Inspection Pilot
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice was unable to demonstrate that there was clear oversight of governance arrangements to ensure risks to patients were considered, managed and mitigated appropriately.
- On reviewing a random sample of clinical records, patient consultations had not always been undertaken in line with recommended guidance.
- There was limited monitoring of the outcomes of care and treatment. Some clinical audits were available, however they did not demonstrate quality improvement or improved patient outcomes over a period of time.
- Medication reviews had not been completed in line with recognised guidance. On reviewing a random sample of patients records, we found some patients had not received the appropriate monitoring before medicines had been prescribed.
- The practice had implemented a system of peer review for the clinical team. We found on reviewing a sample of patient records that the system was ineffective as the performance of employed clinical staff could not be demonstrated through their prescribing decisions and reviews of their consultations.
- The practice had safeguarding registers in place, however on reviewing the registers we found them to be inaccurate and not maintained appropriately.
- The provider had strengthened the leadership team and had recently employed a new manager, GPs and nurse to strengthen the teams.
- Staff training had been strengthened and a training matrix had been implemented to ensure all staff were up to date with training relevant to their role.
- Staff recruitment processes had been strengthened to ensure appropriate checks were undertaken of new staff.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

Overall summary

- Continue taking action to improve the uptake of cervical screening appointments.

This service will remain in a period of extended special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Inspected but not rated	
People with long-term conditions	Inspected but not rated	
Families, children and young people	Inspected but not rated	
Working age people (including those recently retired and students)	Inspected but not rated	
People whose circumstances may make them vulnerable	Inspected but not rated	
People experiencing poor mental health (including people with dementia)	Inspected but not rated	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor to CQC, a CQC Pharmacist Inspector and two additional CQC inspectors.

Background to Dr Devanna Manivasagam

Dr Devanna Manivasagam also known as Stone Cross Medical Centre is a long established practice located in West Bromwich, West Midlands. The practice is situated in a converted residential property, providing NHS services to the local community.

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

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 5,800 patients. The practice is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG) which is made up of 88 general practices.

Dr Devanna Manivasagam is the sole provider of three other GP practices and one branch surgery. These include: Swanpool Medical Centre, Bean Road Medical Centre, Clifton Medical Centre and its branch surgery, Victoria Road Surgery.

The practice's clinical team is led by the lead GP (male) and a newly appointed GP partner (female). There are also three locum GPs (all male), a salaried GP (male) and a practice nurse (female). Other staff included practice manager and team of administrative staff. A clinical pharmacist worked across sites. The practice leadership team was shared across all of Dr Devanna Manivasagam's practices and included Dr Manivasagam and an executive manager.

The practice opening times are 8am to 6.30pm, Monday to Friday with extended opening on a Saturday between 9am to 12pm. There was also extended access appointments available in the evening and weekends. The extended access service was provided as part of a joint working arrangement with other local practices within the Primary Care Network (PCN). Extended access appointments were booked by patients through their GP practice and patients were seen in various practices across the PCN including at Stone Cross Medical Centre.

The practice has opted out of providing an out-of-hours service. Patients can access the out of hours service provider by contacting the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice is located in an area with high levels of deprivation compared to other practices nationally, the practice scored two on the index of multiple deprivation (one is most deprived and ten is least deprived). The practice profile shows 28% of patients registered at the practice identify as from a minority ethnic group. The age range of patients are broadly in line with the local and national averages.

Enforcement actions

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 Surgical procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure assessments of the risks to the health and safety of service users of receiving care or treatment were being carried out.</p> <p>In particular:</p> <ul style="list-style-type: none">•There was no systematic, structured approach to the management of patients care and treatment with a lack of effective quality assurance systems and clinical oversight.•Individual care records, including clinical data, were not written and managed in line with current guidance and relevant legislation. Staff did not have the information they needed to deliver safe care and treatment.•The provider did not have effective systems for the management of patients with long term conditions such as diabetes to ensure appropriate timely follow up.•The provider did not have effective systems to safeguard patients who were vulnerable and at risk of harm.•The provider did not have effective systems to ensure patient safety alerts and alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were acted on appropriately. <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>In particular:</p> <ul style="list-style-type: none">•The provider did not have an effective system in place to ensure appropriate monitoring of patients on high risk and other medicines.

Enforcement actions

The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:

In particular:

- The provider could not demonstrate effective clinical supervision for those with extended roles such as prescribing.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were a lack of effective systems and 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:

- Risks to patient safety were not always assessed and managed effectively. This included patients care and treatment and the management of medicines.

The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided was not fully effective.

In particular:

- The provider was unable to demonstrate effective leadership and clinical oversight to ensure systems and processes were monitored regularly and implemented to ensure the safety and wellbeing of patients.