

Swanpool Medical Centre

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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out a comprehensive unannounced inspection of Swanpool Medical Centre on 8 January 2020. We inspected Swanpool Medical Centre due to concerns identified at an inspection of Clifton Medical Centre and its branch surgery, Victoria Health Centre 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) services on 8 January 2020.

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.

We have rated this practice as inadequate overall and inadequate for all population groups in the Effective key question.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe. We found safeguarding registers lacked information to advise staff of potential concerns.
- The practice did not have appropriate systems in place for the safe management of medicines. We found out of date child vaccines being stored and no system in place to ensure out of date stock was disposed of appropriately.
- Emergency medicines were available, however we found out of date adrenaline and syringes in one of the consulting rooms.
- We found prescription stationery was not kept securely, with blank prescriptions left in printers in consulting rooms and the doors were left unlocked when not in use.
- The practice were unable to demonstrate effective management of risks in relation to medicine safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

- The practice was unable to demonstrate how they learnt or made improvements when things went wrong. There was no evidence available that actions had been taken and learning had been shared with staff to mitigate further risk.

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

- There was a leadership structure and some staff said they felt supported by management; however effective oversight to ensure governance arrangements were embedded had not been established. For example, Risk assessments had been completed, but the practice was unable to demonstrate that identified actions had been acted on.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care. The practice was unable to provide evidence of a vision and credible strategy to ensure quality care was provided. We found due to the lack of clinical and managerial leadership the practice had been unable to embed a strategy to improve patient outcomes.
- We identified significant failings in the care of patients, this included: safeguarding concerns not being addressed, overall management of patients with long term conditions and a lack of clinical oversight to ensure patients were receiving adequate care and treatment.
- There were arrangements for planning and monitoring the number of staff needed; however, there were no formal plans to reduce the reliance of locums to ensure continuity of care and clinical cover.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **inadequate** for all population groups because:

- The practice was unable to demonstrate that patients were monitored effectively. Due to the lack of clinical oversight at the practice, patients were not monitored or reviewed regularly.
- Staff training and development was not monitored appropriately. The practice was unable to demonstrate that clinical staff had completed training relevant to their role.
- On reviewing a sample of patients records we found clinical records had not been summarised and lacked information for clinical staff to make the appropriate assessments of patients' needs.

Overall summary

- Patients on high risk medicines were not monitored in line with recognised guidance. On reviewing a random sample of patients on these medicines we found regular tests had not been carried out before medicines had been prescribed.
- We found patients' whose blood tests had showed them being within the diabetic range had not been informed of their new diagnosis or followed up appropriately.
- On reviewing a sample of patients records we found patients with diabetes had not been coded appropriately and were not referred for further monitoring or invited for reviews.
- The practice had safeguarding registers in place, however on reviewing the registers we found them to be inaccurate and not maintained appropriately.
- We found adults were listed on the child protection register and patients who should have been removed from the register continued to be active.
- The practice had no register for patients who had undergone female genital mutilation (FGM). On doing a search of the clinical system, patients were identified, however there were no alerts on their clinical records to advise staff of potential safeguarding concerns.

We rated the practice as **inadequate** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment. No clinical audits were available to demonstrate quality improvements had been reviewed and actioned.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles. We found limited evidence that staff had received regular reviews and appraisals. There was no evidence to demonstrate that staff were given opportunities for learning and development.
- The practice did not routinely review the effectiveness and appropriateness of care provided. Care and treatment were not always delivered according to evidence-based guidelines. For example, patients identified as being within a diabetic range had not been informed or followed up appropriately.

We rated the practice as **requires improvement** for providing caring and responsive services because:

- There was no evidence that complaints had been acted on and no minutes of meetings available.

- The leadership team told us that the survey results were discussed at practice meetings; however, there was no evidence available to show action plans were in place to address areas where satisfaction was below local and national averages.
- The practice was unable to demonstrate they had gathered feedback to monitor patient satisfaction.

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.

(Please see the specific details on action required at the end of this report).

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

- Continue to encourage patients to attend cervical screening appointments.

I am placing this service in 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.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included two GP specialist advisors and a second CQC inspector.

Background to Swanpool Medical Centre

Swanpool Medical Centre is located in Tipton, an area in the West Midlands. The practice has good transport links and there is a pharmacy located nearby. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, surgical procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury.

Swanpool Medical Centre is situated within the Sandwell and West Birmingham Clinical Commissioning Group (CCG) and provides services to 9,185 patients under the terms of a General Medical Services contract (GMS). This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a single handed GP (male) who employs six locum GPs (three male and three female). The practice employs a practice nurse, a clinical pharmacist and

several administration staff. The practice is part of a wider network of GP practices. The leadership team consisted of the provider, executive manager and business manager.

The practice opening hours are Monday to Friday 8.30am to 6.30pm. The practice is part of a primary care network and patients had access to appointments from 9am to 12pm Saturday and Sunday at the local hub. When the practice is closed, out of hours cover is provided by NHS 111.

The National General Practice Profile states that 88.4% of the practice population are from a white ethnicity. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was unable to demonstrate that care and treatment was provided in a safe way for service users.</p> <p>In particular we found:</p> <p>The provider had not done all that was reasonably practicable to mitigate risks:</p> <ul style="list-style-type: none">• The provider did not have an effective system in place to ensure patient safety alerts and alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were acted on appropriately.• The provider did not have effective systems for the management of patients with suspected diabetes to ensure appropriate follow up.• The provider did not have effective systems for the management of patients who were vulnerable and at risk of harm. <p>The provider had failed to ensure the proper and safe management of medicines:</p> <ul style="list-style-type: none">• The provider did not have effective arrangements in place for the security of prescriptions when they were distributed through the practice.• Comprehensive care records were not maintained for patients that were prescribed high-risk medicines.• The provider did not have a system in place which ensured child vaccines were appropriately monitored and disposed of following recognised guidelines.• The practice did not have effective systems for ensuring medicines were appropriately stored.• The practice held medicines that were inappropriate for use in general practice without clear rational or risk assessments for holding.
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

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:

- The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.
- The provider could not demonstrate effective clinical supervision or oversight for clinical pharmacists and those working in a temporary basis.

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

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- The provider was unable to demonstrate effective leadership was in place to ensure systems and processes were monitored regularly and implemented to ensure the safety and wellbeing of patients and staff.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to medicines management and staff training.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for patients with diabetes and patients on high risk medicines.
- The provider had an inadequate system in place to ensure the safeguarding register was up to date and current.
- The provider was unable to demonstrate a comprehensive programme of quality improvement activity.

This section is primarily information for the provider

Enforcement actions

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