

Dr Sivasailam Subramony

Inspection report

Medina Medical Centre
3 Medina Road
Luton
Bedfordshire
LU4 8BD
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Date of inspection visit: 7 March 2019 and 9 April 2019
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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 well-led?

Inadequate



Overall summary

We carried out an announced focused inspection at Dr Sivasailam Subramony, also known as Medina Medical Centre, on 7 March 2019. We also carried out a desk based review on 9 April 2019. This inspection was undertaken to follow up on the notice of decision to suspend the provider from carrying out regulated activities for a period of four months from 27 September 2018 to 27 January 2019 with an extension of two months and two weeks until 11 April 2019, following a focused inspection on 16 January 2019.

The practice received an overall rating of inadequate at our inspection on 24 August, 4 September and 20 September 2018 and this will remain unchanged until we undertake a further full comprehensive inspection.

The full comprehensive report from the August/September 2018 inspection and the focused report for the January 2019 inspection can be found by selecting the 'all reports' link for Dr Sivasailam Subramony on our website at .

At this inspection we found:

- The provider had taken some actions in relation to concerns identified at previous inspections.
- We were not assured that the practice management was suitably qualified or experienced to lead and manage the practice in the future. However, during our inspection we were informed of the proposed management structure and intentions for the management staff to undertake training specific to primary care management.
- The practice had developed some new policies but it was unclear which policies would be used in the practice in the future. Not all of the policies contained practice specific, detailed information that was reflective of current guidance.
- Clinical audits identified to be completed by the provider did not demonstrate quality improvement specific to the practice. There was no schedule or audit tool available for the completion of clinical audits.
- The principal GP had not completed the recommended level of safeguarding training. Following the inspection, we were provided with evidence that they had booked to complete face to face safeguarding level three training.
- A legionella risk assessment had been completed. There was no action plan in place to address the identified actions.

- A comprehensive fire risk assessment was completed following the inspection. We were provided with evidence of proof of payment for completion of most of the required actions identified, with the exception of those relating to the air conditioning units.
- There had been no infection control audits completed and staff were unclear on how infection prevention and control would be managed in the future. Some improvements had been made to the practice in relation to infection prevention and control. For example, new wipeable flooring and chairs.
- There were no changes to the staff immunity records since the previous inspection. There was not a record of all the recommended immunisations for clinical and non-clinical staff and there was no record of blood tests taken to check for the antibody status of those staff who had received a hepatitis B vaccine.
- The practice whistle blowing policy did not contain adequate information to guide staff on how to raise concerns outside of the practice. We were informed by the provider that this would be addressed following our visit.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

The suspension of Dr Sivasailam Subramony to carry out regulated activities from Medina Medical Centre ended on 11 April 2019. As the provider had made some improvements CQC made the decision not to continue with the suspension. However, due to the level of concerns that remain regarding this provider CQC are imposing conditions on their registration as a service provider in respect of the regulated activities. 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Overall summary

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

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 a CQC inspection manager and a CQC national clinical advisor.

Background to Dr Sivasailam Subramony

Dr Sivasailam Subramony provides a range of primary medical services to the residents of Luton and the surrounding area. The practice provides services from its location of Medina Medical Centre, 3 Medina Road, Luton, Bedfordshire, LU4 8BD.

The provider is registered with the CQC to provide the following regulated activities:

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

At the time of the inspection, the provider was suspended from providing these activities. A neighbouring practice held a temporary caretaker contract to provide the regulated activities. The caretaker provider was not inspected as part of this inspection.

The practice population is ethnically diverse with a higher than average number of patients aged between five and

18 years, and a lower than average number of patients aged over 65 years. National data indicates the area is one of mid to high deprivation. The practice has approximately 6,060 patients and services are provided under a general medical services contract.

The practice has a male principal GP and uses a regular female locum GP. There is a practice nurse and a health care assistant, both female. There are a team of reception and administrative staff led by a practice manager and deputy practice manager.

At the time of the inspection, the caretaker provider was providing clinical staff, clinical leadership and oversight for the practice to carry out the regulated activities.

The practice is open from 8am to 6.30pm daily. When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.