

Drs. Sreelatha and Thachankary

Inspection report

The Surgery
Stuart Road
Pontefract
WF8 4PQ
Tel: 01977703437

Date of inspection visit: 09 December 2021
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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Drs. Sreelatha and Thachankary between 6 December 2021 and 9 December 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Good

Caring - Requires Improvement

Responsive – Good

Well-led - Requires Improvement

We previously carried out an announced focused inspection at Drs. Sreelatha and Thachankary between 23 March and 25 March 2021. The overall rating (and for the key questions of safe, effective and well led) was inadequate and the service was placed into special measures. We carried out a focused inspection on 29 July 2021 to assess compliance with breaches identified during the March 2021 inspection. This focused inspection was not rated.

The full reports for previous inspections can be found by selecting the 'all reports' link for Drs. Sreelatha and Thachankary on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow-up on concerns identified during the inspection undertaken in March 2021, this included:

- A failure to ensure that care and treatment was provided in a safe way to patients.
- The provider had failed to establish effective systems and processes within the practice, to ensure good governance in accordance with the fundamental standards of care.
- The provider had failed to ensure that persons employed in the provision of the regulated activities had received the appropriate support, training, professional development, supervision, and appraisal necessary to enable them to carry out the duties.

How we carried out the inspection

Throughout the pandemic 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:

- Conducting staff interviews using telephone and video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.

Overall summary

- Requesting evidence from the provider.
- A short site visit.

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

We found that:

- Many improvements had been made since the last rated inspection undertaken in March 2021. However, there were still areas which needed further improvement, or which needed additional time to be embedded within the practice.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Patients' needs were assessed. However, care and treatment had not always been delivered in line with current standards and evidence-based guidance in relation to medicines management, and reviews of patients with long-term conditions.
- Clinical supervision of the nursing team had improved, although this was still limited.
- The summarising and incoming correspondence backlog noted in March 2021 had been significantly reduced. In addition, records handling and storage procedures had been reviewed, and a member of staff given responsibility for records management.
- Internal clinical capacity and the ability to meet patient demand was limited at the time of inspection due to reduced staffing numbers. Additional capacity was being met by the use of locum GPs and other agency staff. It was noted at the time of inspection that a recruitment exercise was underway.
- The practice had developed and implemented a sophisticated assurance framework, which gave them an improved ability to oversee and effectively manage the operation of the practice in key areas.
- On some occasions the healthcare assistant had undertaken tasks during early morning clinics, without the appropriate registered clinical support being available to support them if required.
- When we examined patient files, we found that these were detailed and comprehensive.
- Staff mentioned that protected time for additional duties and training was limited.
- Staff informed us that they had witnessed or been subject to challenging and aggressive behaviour from patients.
- The Patient Participation Group had begun to meet again, this increased the input of stakeholder and patient views into the practice.

We found one breach of regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way to patients.

In addition, the provider **should**:

- Improve processes for dealing with incidents of challenging or abusive behaviour from patients to staff and, when required, improve support for staff when they experienced this.
- Take steps to further increase clinical capacity and patient access within the practice.
- Improve cervical screening performance.
- Improve patient satisfaction in relation to interactions that patients have with staff during their care and treatment.

Overall summary

I am taking the service out of special measures. This recognises the improvements made to the quality of care provided by the service. Details of our findings and evidence supporting our decisions and ratings are set out in the evidence table.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff by telephone interviews and video conferencing and undertook a site visit. The CQC lead inspector was accompanied on the site visit by a CQC observer. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Drs. Sreelatha and Thachankary

The practice surgery is located on Stuart Road in Pontefract, West Yorkshire, WF8 4PQ and is a member of NHS Wakefield Clinical Commissioning Group. We visited this location as part of our inspection. The building is accessible for those with a disability and has been adapted further. For example, the reception desk had been lowered for wheelchair users and a hearing loop had been installed for those with a hearing impairment. There is parking available nearby for patients and an independent pharmacy is adjacent to the practice.

The practice serves a registered patient population of around 8,600, who are predominantly White British. The practice provides services under the terms of the Personal Medical Services (PMS) contract. Attached to the practice, or closely working with the practice, is a team of community health professionals that includes health visitors, midwives and members of the district nursing team.

The practice is part of a wider network of GP practices and works as part of the Wakefield Health Alliance Primary Care Network.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures.

Information published by Public Health England report deprivation within the practice population group as four on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The average life expectancy of the practice population is lower than the national average for both males and females (77.6 years for males, compared to the national average of 79 years and 82.5 years for females compared to the national average of 83 years).

The practice has two GP partners (one male, one female) supported by locum GPs. In addition, there is an advanced nurse practitioner, one practice nurse, two healthcare assistants and a Primary Care Network Pharmacist. Clinical staff are supported by a practice manager and an administration and reception team.

Practice appointments and support include:

- Telephone triage and advice
- Pre-bookable appointments for certain conditions and reviews
- On the day/urgent appointments
- Telephone/video/face to face consultations
- Home visits
- Support to registered patients who live in three residential care settings

Due to the enhanced infection prevention and control measures put in place since the COVID-19 pandemic, and in line with the national guidance, most GP appointments are telephone consultations, although face to face appointments are still available when required.

The practice is open between 7am and 6.30pm on Monday and Wednesday, and 8am to 6.30pm on Tuesday, Thursday and Friday. Additionally, the practice can make appointments for patients to access primary care services via a local extended hours service. Out of hours care is provided by Local Care Direct Limited.

This section is primarily information for the provider

Requirement notices

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Medicines management processes had not been effectively implemented, and some patients had not received the required level of monitoring and/or review.
Maternity and midwifery services	The provider had failed to ensure that persons providing care and treatment within the nursing team had been fully supported to deliver this care and treatment in a safe or effective manner.
Surgical procedures	This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	