

# 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Dr Devanna Manivasagam (also known as Stone Cross Medical Centre) on 7 August 2017. The overall rating for the service was Good.

We carried out an unannounced comprehensive inspection at Stone Cross Medical Centre on 8 January 2020. We inspected at Stone Cross Medical Centre due to concerns identified at an inspection of Clifton Medical Centre and its branch surgery, Victoria Road 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) 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.**

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

- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not have clear systems and processes to keep patients safe and safeguarded from abuse.
- There were gaps in systems to assess, monitor and manage risks to patient safety, including recruitment, infection prevention and control and safety checks for the premises.
- The practice did not have reliable systems in place for the appropriate and safe use of medicines, included regular monitoring arrangements for patients on high risk medicines and those with long term conditions.
- Staff did not always have the information they needed to deliver safe care and treatment.
- There was no systematic structured approach with effective clinical oversight of patient information including clinical data.
- The practice was unable to demonstrate that it acted on safety alerts and learnt and made improvements when things went wrong.

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

- There was no systematic, structured approach to the management of patients care and treatment including patients on high risk medicines and those with long term conditions.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles, were up to date with training and received appropriate supervision.
- We did not see a systematic, coordinated approach to address any areas requiring ongoing improvements such as cervical screening and diabetes.
- There were no examples of clinical audits or quality improvement activity.

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

- There was no systematic, structured approach to the management of patients care and treatment to ensure the practice was responsive to patients' needs.
- People were not always able to access care and treatment in a timely way.
- The results of the recent national GP survey showed the practice was below the local and national averages for questions relating to access. The practice had not reviewed the results or undertaken an in house survey to explore these areas further.
- The practice had not completed an audit or risk assessment to ensure the premises was accessible for a wide range of potential users.
- There was no evidence of a comprehensive system for managing complaints and the complaints procedure was not easily accessible.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- There was a lack of leadership oversight and the absence of comprehensive systems and processes to monitor the quality and effectiveness of the service and the care provided.
- The practice did not have a clear vision, supported by a credible strategy to deliver high quality sustainable care.
- There was no formal system in place to assess and monitor the governance arrangements in place.

# Overall summary

- The practice did not have fully embedded assurance systems and had not proactively identified and managed risks.
- The practice did not always act on appropriate and accurate information.
- Patient feedback was not analysed or acted on to improve services and culture.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

- Results from the latest national GP patient survey was below the local and national averages for questions related to patients experience of a caring service.
- The practice was not proactive in obtaining patient feedback to support service improvement.

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:

- Make clear the arrangements in place to ensure confidentiality at the reception desk.

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.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and a second CQC inspector. The team included a GP specialist advisor and a CQC National Clinical Advisor.

## 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. In addition, Dr Devanna Manivasagam is also the provider in partnership with Dr Nisha Pathak's at Primary Care Centre, 6 High Street, West Bromwich, which at the time of this inspection was not correctly registered with CQC.

The practice's clinical team is led by the provider who is the lead GP (male) and four locum GPs (two male and two female). The practice leadership team was shared across all of Dr Devanna Manivasagam's practices. The leadership team consisted of the provider, executive manager and business manager who were supported by a team of administrative staff. There was an Advanced Nurse Practitioner, Practice Nurse and trainee Health Care Assistant and pharmacist who worked across Dr Devanna Manivasagam's practices.

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.

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

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

#### Regulation

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

##### **How the regulation was not being met:**

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.

In particular:

- 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.

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

In particular:

- The provider did not have an effective system in place to ensure appropriate monitoring of patients on high risk and other medicines.

This section is primarily information for the provider

## Enforcement actions

- The provider did not have effective systems in place for ensuring the cold chain.
- The provider did not have effective arrangements in place for ensuring the security of prescriptions distributed through the practice.
- The provider did not have effective systems for ensuring medicines were appropriately stored according to their expiry date.
- The provider did not have effective arrangements in place for the authorisation of patient group directives and patient specific directives.
- The provider held medicines that were inappropriate for use in general practice without clear rational or risk assessments for holding.

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 both clinical and non-clinical staff had completed the appropriate training for their roles and responsibilities.
- The provider could not demonstrate effective clinical supervision for nursing staff and those working in a temporary basis and with extended roles such as prescribing.

The provider had failed to ensure effective arrangements for assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.

In particular:

- The provider was unable to demonstrate infection prevention and control audits had been undertaken.
- The provider did not have effective systems for managing the disposal of sharps. Sharps boxes were not correctly labelled.
- Clinical waste bags awaiting collection had not been correctly labelled in line with legal requirements.

This section is primarily information for the provider

## Enforcement actions

- There were no records to confirm the cleaning of equipment used for patients care and treatment.

### 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 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 we found:

- Risks to patient safety were not always assessed and managed effectively. This included areas of health and safety, the recruitment process, and the management of medicines.

- The provider had not completed documented health and safety audits or risk assessments.

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 we found:

- 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 and staff.
- The provider could not provide timely and appropriate organisational documents relating to the delivery of the service. This included documents relating to staffing, the management of incidents, complaints and safety alerts.
- The provider did not have a co-ordinated or structure approach to policies, systems or processes.
- The provider was unable to demonstrate effective systems for the reporting and management of incidents, significant events and complaints to support learning and service improvements.

This section is primarily information for the provider

## Enforcement actions

- There was no effective system in place to obtain patient feedback to improve the service. Patients reported they were not always able to access the service in timely manner. Information about how to complain was not readily available.
- Leaders could not demonstrate that they had the capacity to consistently deliver high quality sustainable care.