

# Drs. Taylor, Sreelatha and Thachankary





## Inspection report

The Surgery  
Stuart Road  
Pontefract  
WF8 4PQ  
Tel: 01977703437

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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 well-led?	Inadequate	

# Overall summary

We carried out an announced focused inspection at Drs. Taylor, Sreelatha and Thachankary (at the time of inspection operating as Drs. Taylor and Sreelatha) between 23 March and 25 March 2021. Overall, the practice is rated as Inadequate.

We have rated the practice as follows:

Safe - Inadequate

Effective - Inadequate

Caring – Not inspected or rated

Responsive – Not inspected or rated

Well-led - Inadequate

Following our previous inspection on 10 May 2016, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Drs. Taylor, Sreelatha and Thachankary on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused inspection to follow up on concerns which had been raised about the operation of the practice. In light of these concerns we inspected the following key questions:

- Safe
- Effective
- Well-led

The ratings in relation to Caring and Responsive are carried forward from the inspection undertaken in 2016 and remain Good.

## How we carried out the inspection

Throughout the pandemic the Care Quality Commission (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 by telephone
- Completing clinical searches on the practice's patient records remotely
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting and reviewing evidence from the provider

# Overall summary

- Reviewing information received from third parties
- 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
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as Inadequate overall, and inadequate for all population groups**

We found that:

- The provider did not review all patients after they had an unplanned admission to hospital.
- Searches of patient records showed that the practice had not ensured that all patients who showed a potential diagnosis of a long-term condition had received further care and treatment appropriate to their needs.
- Several protocols, procedures and policies were found to be out of date. In addition, it proved difficult for staff to find a number of these documents on the practice computer system.
- There was no risk assessment in place to support decisions made into which emergency medicines the practice held.
- The provider did not have adequate systems in place for the dissemination of medicine and patient safety alerts.
- The provider did not ensure that medicines were being effectively managed. For example, blood test results had not been updated on patient records. There was evidence in some patient records of the incorrect coding of authorisations in respect of medicine reviews and repeat prescription requests.
- The provider did not ensure that the premises was kept clean. The last infection prevention and control (IPC) audit had been undertaken in June 2019.
- Staff engagement was ineffective; meetings were not being held on a regular basis.
- The significant event and incident processes were not consistent or effective. Not all events had been recorded and learning from events was not disseminated. In addition, there was limited evidence that learning and actions resulting from complaints had been undertaken.
- The provider had undertaken limited quality improvement work. The last clinical audit had been undertaken in August 2019 and lacked detail and depth.
- The provider did not ensure that health and safety, and fire safety were being effectively managed. For example, there was no evidence that either a fire evacuation drill, or a fire safety risk assessment had been recently undertaken.
- There was a backlog in dealing with incoming correspondence and a significant backlog of new patient records being summarised. At the time of inspection, the incoming correspondence backlog dated to 22 February 2021.
- We found evidence that some referrals to other services had not been fully completed prior to submission to the relevant body.
- Patient engagement in the practice was low, and the patient participation group had not met for some time.
- There was evidence that non-clinical staff had been tasked to undertake duties which required some clinical knowledge. Staff had been trained to undertake these duties, however there was no monitoring in place to give assurance that these duties were being effectively and safely undertaken.
- Supervision and support for staff was found to be limited. Staff appraisals had not been undertaken for around three years.
- Some training was found to be out of date or had not been undertaken. For example, the last infection prevention and control (IPC) training we saw recorded was in 2017.
- Leadership visibility and engagement with practice staff was reported to be limited.

# Overall summary

- Staff reported low morale and high workloads. The practice was undertaking additional recruitment at the time of the inspection.

We found three breaches of regulations. The provider **must**:

- Ensure that 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision, and appraisal necessary to enable them to carry out the duties.

The provider **should**:

- Maintain records to demonstrate that staff are vaccinated in line with Public Health England Guidance.
- Re-examine the decision to not develop a Safeguarding Register of vulnerable children and adults.
- Undertake care reviews of patients who had received a new diagnosis of cancer, and patients who had been subject to an unplanned admission.
- Develop, embed, and monitor a practice business plan.
- Undertake a risk assessment to determine the range of emergency medicines to be held within the practice.
- Develop processes to give assurance that professional staff continue to meet the standards set by their own regulating bodies.

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 who spoke with and interviewed staff by telephone and undertook a site visit. The team included a GP specialist advisor who spoke with staff by telephone and completed clinical searches and records reviews without visiting the location. A second inspector spoke with other members of staff by telephone.

## Background to Drs. Taylor, 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. At the time of inspection the practice was operating as Drs. Taylor and Sreelatha. 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 8,900, 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, treatment of disease, disorder or injury and surgical procedures.

Information published by Public Health England report deprivation within the practice population group as 4 on a scale of 1 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) and two salaried GPs (one male, one female). In addition, there is one specialist nurse practitioner, one nurse and two healthcare

assistants. These clinical staff are supported by a number of locum and agency staff, including a long-term advanced nurse practitioner. Clinical staff are supported by an acting practice manager/senior administration officer 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

Due to the enhanced infection prevention and control measures put in place since the 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <ul style="list-style-type: none"><li>• The provider had failed to ensure that persons received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</li><li>• The provider was unable to demonstrate effective monitoring and support for members of the nursing team who were non-medical prescribers.</li><li>• The provider had not put into place monitoring and supervisory checks for non-medical staff engaged in the handling and assessment of incoming clinical correspondence.</li><li>• The provider was unable to demonstrate up-to-date training for all relevant staff in relation to infection prevention and control and sepsis awareness.</li><li>• The provider was unable to show that staff appraisals had been undertaken in recent years.</li></ul> <p><b>This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

## 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The system for summarising new patient records was ineffective.</li><li>• There were no effective systems in place to ensure that patient and medicines safety alerts were being properly managed.</li><li>• There were no systems in place to ensure that clinical records and correspondence were dealt with in an effective, timely or safe manner.</li><li>• Medicines management processes had not been effectively implemented, and patients had not received the required level of monitoring and/or review.</li><li>• The premises were not maintained in a clean condition.</li></ul> <p><b>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The arrangements for seeking and acting on feedback from staff and patients were ineffective.</li><li>• There were no effective systems in place to identify, report, investigate and share learning from significant events and incidents.</li><li>• The outcomes of patient care and treatment were not regularly monitored or assessed.</li><li>• Policies and procedures were not effectively managed, and had not all been reviewed and kept up to date.</li><li>• Fire and health and safety procedures and assessments were not effectively managed.</li><li>• There were no effective systems in place to manage incoming clinical information and correspondence.</li></ul>



This section is primarily information for the provider

## Enforcement actions

- Documentation in patient records in respect to external referrals was not always complete.

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