

Dr Saravanapalasuriyar Shrikrishnapalasuriyar

Inspection report


Mornington Surgery
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London
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Date of inspection visit: 26 August 2020 to 25
September 2020
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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?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as inadequate (Previous rating July 2019 – good)

The key questions are rated as:

Are services safe? – inadequate

Are services effective? – inadequate

Are services caring? – good

Are services responsive? – requires improvement

Are services well-led? - inadequate

In August 2020, we received information of concern about the standards of care and treatment for people who used the service. In response, we carried out an unannounced inspection on 26 August 2020. Following this we decided to carry out a comprehensive inspection which took place on 23 and 25 September 2020. On 23 September we reviewed remotely specific documentation including policies and audits and undertook a site-visit on the 25 September. (In light of the current Covid-19, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site. To seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This provider consented to take part in this pilot, and some of the evidence in the report was gathered without entering the practice premises).

Following a comprehensive inspection on 23 and 25 September 2020, we rated the practice inadequate overall and specifically in the safe, effective and well-led key questions. The responsive key question was rated requires improvement, and caring was rated as good; all the population groups were rated inadequate due to our overall concerns which impacted these groups.

The reports of all the previous inspections can be found by selecting the 'all reports' link for Dr Saravanapalasuriyar Shrikrishnapalasuriyar on our website at www.cqc.org.uk.

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

- The practice did not have appropriate systems in place for the safe management of medicines.
- There was limited evidence of structured medication reviews for patients.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not actioned appropriately.

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

- There was limited monitoring of the outcomes of care and treatment.
- The provider undertook limited quality improvement activity other than that directed from the clinical commissioning group.
- These areas affected all population groups, so we rated all population groups inadequate.

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

- There was limited evidence of quality improvement activity which had taken place.
- The practice did not have safe systems regarding the management of patients on high-risk medicines.
- The practice did not have a process in place to structure medication reviews.
- Staff meeting minutes were a headline of discussions, they were not a comprehensive account of meeting discussions and decisions.
- We saw limited evidence of systems and processes for learning, continuous improvement and innovation
- The practice did not demonstrate an effective system to manage patient safety alerts.

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

- There was insufficient nursing capacity to meet patients' needs.
- The overall ratings for the population groups are inadequate due to concerns in providing effective services.

We rated the practice **good** for providing caring services because:

Overall summary

- Data from the GP Patient survey showed that the practice was in-line with local and national data.
- The practice had identified 2% of their patients as carers.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

There were areas where the practice **must** make improvements:

- 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.

The areas where the practice **should** make improvements:

- Develop a strategy to improve national cancer screening programme achievement rates.
- Review feedback from the National GP Patient Survey and develop an action plan to address areas the practice is two standard deviations below the average performance.

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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

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 accompanied by a CQC inspection manager (on 26 August 2020) and GP specialist advisor (on 25 September 2020).

Background to Dr Saravanapalasuriyar Shrikrishnapalasuriyar

Dr Saravanapalasuriyar Shrikrishnapalasuriyar (also known as Mornington Surgery) is located at 433 New Cross Road, New Cross, London, SE14 6TD. The practice provides NHS primary care services to 3,740 patients living in the New Cross and Lewisham area through a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is part of the South East London (SEL) CCG following the merger of all six SEL CCGs on the 1st April 2020. There are 256 practices across the new SEL CCG. The practice operates from a converted end terrace residential property on four levels. The surgery main entrance is at the side of the building to the ground floor. There is also an entrance at street-level at the front of the property to the first floor. The practice has access to four consulting room, two on the ground floor and two on the first floor. The first floor is accessed by steps from the waiting room or from a front door entrance at street-level for patient unable to use the stairs

The practice population is in the third most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice serves a diverse multi-ethnic population. The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; and family planning.

The practice staff comprises of a male lead GP (six clinical sessions per week) and a male and a female regular locum GP (totalling five sessions per week). The team is supported by a practice nurse (13 hour per week), a full-time practice manager, office manager and three receptionists.

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided on Monday from 6.30pm to 7.45pm.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Warning notice</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>Disease-modifying antirheumatic drug and found six out of 12 patients were not monitored appropriately.</p> <p>High-risk medication and found three out of seven patients were not monitored appropriately.</p> <p>Safety alerts from the Medicines and Healthcare products Regulatory Agency and found four patients on a combination of medication which had been alerted on.</p> <p>Care plans and found five patients with long-term conditions did not have a comprehensive care plan in place.</p> <p>Medication reviews and found five patients who had their medication reviews coded but there was limited detail in the consultations.</p> <p>Five records of patients who should have been coded as having a long-term condition and found that one of them had not been coded and it was unclear if adequate follow-up was in place.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Enforcement actions

Maternity and midwifery services

Treatment of disease, disorder or injury

Warning notice

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

How the regulation was not being met:

The provider did not have an effective system to monitor care and treatment was delivered appropriately.

Significant events were not discussed at clinical meetings

The safeguarding policy emergency number and child safeguarding team numbers were incorrect. Instructions within the 'Practice reporting process' were not directive.

The practice did not carry out structured medication reviews. Medication was reviewed on an ad hoc basis (when patients are seen).

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