

Dr Mannath Ramachandran

Inspection report

Medic House
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Tilbury
Essex
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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 No rating given

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

Dr Mannath Ramachandran's practice have previously been inspected in December 2014, November 2015 and August 2016. They were rated as requires improvement during their first two inspections (the safe domain being rated as inadequate during their first inspection and then requires improvement on their second inspection) and were rated as good overall at their last inspection in 2016.

We carried out an unannounced focused inspection at Dr Mannath Ramachandran on 24 April 2018. We carried out a focused inspection in response to concerns received as part of our inspection programme under Section 60 of the Health and Social Care Act 2008. The inspection focused on particular aspects within the safe, effective, responsive and well-led domains.

Ratings were not given at this inspection therefore the key questions are:

Are services safe? – Not rated

Are services effective? – Not rated

Are services responsive? – Not rated

Are services well-led? – Not rated

At this inspection we found:

- The practice had reviewed and monitored their patients with diabetes, we were satisfied all relevant patients were receiving appropriate care.
- The practice had ineffective systems to monitor and assess emergency medicines.
- Policies and procedures were not regularly reviewed and updated.

- We found vaccinations had been ordered, stored and checked in accordance to national guidelines however legal authorisation for staff to administer vaccines had not been completed by all staff.
- We found inconsistencies in the management of the cold chain procedure. Staff who had responsibility for checking fridge temperatures did not fully understand the process. The practice had a cold chain policy however it had not been followed by the practice and did not outline important information.
- There had been no infection prevention control policy or audit completed since 2015. The practice did not have a designated lead to ensure these duties were carried out.
- Complaints and significant events had been documented and investigated appropriately but were not being shared with staff.
- Locum staff that were employed by the practice were not given adequate supervision or support.
- There was a lack of clinical oversight and support leading to increased areas of risk and ineffective procedures.

The areas where the provider **must** make improvements are:

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

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a nurse specialist adviser.

Background to Dr Mannath Ramachandran

Dr Mannath Ramachandran also known as Medic House is located in Tilbury, Essex. The practice has a general medical services (GMS) contract with the NHS.

- There are approximately 3000 patients registered at the practice.
- The practice provides services from Medic House, Ottawa Road, Tilbury, Essex and their branch site 8 Coronation Ave, East Tilbury, Tilbury, Essex.
- The practice is registered with the Care Quality Commission as a sole provider. There is one lead GP registered. The GP is supported by reception and administration staff all working a variety of full and part-time hours. Locum nurses are employed to carry out the nursing duties.
- The practice is open Monday to Friday between 8.30am and 6.30pm but is closed Thursday afternoons and at weekends. During closing time, including Thursday afternoons, patients are directed to the out of hour's service by calling the practice.
- National data indicates that people living in the area are third most deprived decile of the deprivation scoring in comparison to England as a whole.
- The practice provide services to a higher than national average of patients aged below 18 years.

Are services safe?

The practice was not rated for providing safe services during this inspection.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety however we found them to be ineffective.

- There were some arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice had not had a permanent practice nurse for the last two years, they said they had found it challenging to find a permanent member of staff and relied heavily on locum nurses and GPs.
- There was an ineffective induction system for temporary staff that was not tailored to their role. We found that locum staff had no information to refer to when they were new to the practice. The practice had not ensured staff were aware of local guidelines. For example, the most recent locum nurse had not signed the patient group directions before administering vaccinations. (A patient group direction (PGD) is a written instruction for the supply or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may, or may not, be individually identified before presenting for treatment).
- There was an ineffective system to manage infection prevention and control. No audits had been carried out since 2015.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw for patients with diabetes showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- Although medical gasses were stored and managed to minimise risk, there were ineffective systems for the management and storage of medicines, including vaccines and emergency medicines.
- Vaccines were managed appropriately, stock was regularly ordered and checked but the practice had failed to store them correctly as the cold chain process had not been followed.
- Staff failed to understand the importance and significance of following cold chain procedure.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong but lessons learnt were not shared with the team.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. However the practice did not log complaints or significant events at the site, these were kept on an encrypted laptop remotely and events that should have been classed as significant were not documented. Staff were unaware of any recent examples or outcomes resulting from them.

Please refer to the Evidence Tables for further information.

Are services effective?

The practice, and all of the population groups, were not rated for providing effective services during this inspection.

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients with long-term conditions such as diabetes had a structured annual review to check their health and medicines needs were being met.
- The practice were outliers for their national diabetes data. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 57%, which was below the CCG average of 77% and the national average of 80%. Yet we found patients had been regularly contacted to ensure their blood tests had been completed. The practice had contacted each of their patients who had not had a blood test within the last 24 months at least three times. Therefore we were satisfied that the lower QOF data was due to the lack of exception reporting by the practice and that all relevant patients were receiving appropriate care.

Effective staffing

Staff had some skills, knowledge and experience to carry out their roles.

- The practice had employed locum nurses; they had assured themselves that staff had appropriate qualifications and training for their role.
- Locum staff whose role included immunisation had carried out training and could demonstrate how they stayed up to date. However we found that staff had not followed national or local guidelines for the storage of the vaccinations.
- The practice had not understood the learning needs of the nursing staff by failing to highlight where further development was needed. For example, understanding the significance of the cold chain procedure and who to inform when breaches occurred.
- There was not a clear approach for supporting and managing locum nursing staff when their performance was poor or variable for example when they lacked knowledge of cold chain.
- Administration staff spoke with us and said they were given time to carry out training relevant to their role.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

The practice, and all of the population groups, were not rated for providing responsive services during this inspection.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy had not been updated since 2015 and complaints were stored off site on a secure laptop. Staff were unaware of any complaints logged as the practice had not shared lessons learned.

Please refer to the Evidence Tables for further information.

Are services well-led?

The practice was not rated for providing well-led services during this inspection.

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders had acknowledged issues and priorities relating to the quality and future of services. They understood the challenges they faced but were finding it difficult to overcome them. Their contingency plans did not ensure that risks were mitigated and that roles and responsibilities were clearly outlined.
- The practice leadership and governance was affected by having no practice manager since December 2017. Since then they had not delegated the responsibilities which had impacted the governance at the practice.
- The practice had ineffective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice did not have a culture of high-quality sustainable care.

- Administration staff stated they felt respected, supported and valued. However we found that clinical staff were not given the same support or performance reviewed.
- Leaders and managers did not act on behaviour and performance inconsistent with the vision and values.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints however lessons were not shared with the team.
- Locum clinical staff were not considered valued members of the practice team. They were not given protected time for professional development and evaluation of their clinical work.

Governance arrangements

There were not clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. The governance and management of clinical partnerships such as the nursing team were not interactive.
- Staff were unclear on their roles and accountabilities including in respect of infection prevention and control and responding to incidents.
- Practice leaders had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was an ineffective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not have processes to manage current and future performance. Performance of employed long term clinical locum staff could not be demonstrated through reviews of their consultations or referrals.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- It was not apparent that there was a focus on continuous learning and improvement.
- The practice did not make use of internal and external reviews of incidents and complaints as learning from these incidents were not shared.

Please refer to the Evidence Tables for further information.

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 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 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The registered person had systems or processes in place that operated ineffectively in that they failed to enable 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: There was no induction or support for locum staff who attended the practice. PGDs had not been signed by staff who had administered vaccinations. Reception staff carried out duties without adequate knowledge or training. Cold chain procedure had been not been followed. Policies had not been updated since 2015. The practice had not conducted an infection control audit since 2015. Responsibilities that were carried out by the nursing team have not been actioned or delegated. Complaints and significant events were stored off site and staff were unaware of any recent incidents. 17 (1) Health and Social Care Act 2008 (RegulatedActivities) Regulations 2014</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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: There were insufficient systems in place to assess the risks to people's health and safety. There was an ineffective system to monitor and assess emergency medicines at the practice. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>