

Dr Sivasailam Subramony

Inspection report

Medina Medical Centre
3 Medina Road
Luton
Bedfordshire
LU4 8BD
Tel: 01582 722475
www.drsubramonyspractice.co.uk






Date of inspection visit: 8 July 2019
Date of publication: 24/09/2019

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?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as Inadequate overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

We carried out a comprehensive inspection of Dr Sivasailam Subramony on 24 August, 4 September and 20 September 2018. The practice received an overall rating of inadequate and a decision was made to suspend the provider from carrying out regulated activities for a period of four months from 27 September 2018 to 27 January 2019 with an extension of two months and two weeks until 11 April 2019, following a focused inspection on 16 January 2019.

We carried out an announced focused inspection at Dr Sivasailam Subramony, on 7 March 2019. Following this inspection, the suspension of Dr Sivasailam Subramony to carry out

regulated activities from Medina Medical Centre ended on 11 April 2019. As the provider had made some improvements CQC made the decision not to continue with the suspension. However, due to the level of concerns that remained regarding this provider CQC are imposed conditions on their registration as a service provider in respect of the regulated activities.

The full comprehensive report on the August/September 2018 inspection and the focussed reports for the January and March 2019 inspections can be found by selecting the 'all reports' link for Dr Sivasailam Subramony on our website at .

We carried out an announced comprehensive inspection at Dr Sivasailam Subramony on 8 July 2019. This inspection was planned to check whether improvements had been made and the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 as **Inadequate** for providing safe services because:

- Appropriate measures had not been taken to safeguard patients.
- Staff immunity records were incomplete.
- The recruitment policy did not reference the need to check the professional registration of clinicians other than GPs.
- Identified actions had not been completed following the health and safety and premises risk assessments.
- Identified actions had not been completed following the infection prevention and control audit.
- Care plans were not in place for patients who were experiencing poor mental health.
- Codes were not used correctly to identify patients who required a review of their condition.
- There had been no multi-disciplinary team meetings held in the practice since the end of the provider's suspension.
- Patients prescribed high risk medicines had not received appropriate blood monitoring to detect potential side effects.

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

- Systems and processes were not in place to keep clinicians up to date with current evidence-based practice.
- There was a lack of clinical oversight of clinicians working in the practice.
- Systems were not in place to identify patients who needed a structured annual review of the health and medicine needs.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Uptake for cervical screening, and breast and bowel cancer screening were below targets and national averages.
- Multi-disciplinary team meetings were not taking place.
- Care plans were not in place for patients experiencing poor mental health.

Overall summary

We rated the practice as **Requires Improvement** for providing caring services because:

- Actions had not been taken relation to the GP patient survey scores.
- We were informed there was a carers champion. However, only 12 patients had been identified as carers.

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

- There had been no meetings held with the local community teams to manage the needs of patients with long-term conditions, vulnerable children and adults.
- There were no systems in place to follow up children who had not attended hospital or practice appointments.
- The new website with up to date information was not clearly visible. The old website with out of date information was still active. There was no information to direct patients to the new website.
- Care plans were not used for patients experiencing poor mental health.

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

- There remained concerns with the practice management and leadership.
- There was a lack of plans in place to make continued improvements to the practice.

- Some policies did not contain practice specific information.
- There was a lack of clinical oversight.
- There had been no review of the clinical systems to monitor performance.

Due to the level of concerns regarding this provider CQC are imposing urgent conditions on their registration as a service provider in respect of the regulated activities. In addition, as insufficient improvements have been made and there remains an overall rating of inadequate, we are taking action in line with our enforcement procedures to prevent the provider from operating the service. A notice of proposal has been issued to cancel the providers registration with CQC.

The Provider handed in their NHS Contract to the Clinical Commissioning Group on 31.08.19. The Provider's contract to provide services from location Medina Medical Centre, 3 Medina Road, Luton, Bedfordshire, LU4 8BD was duly terminated on 30.09.19.

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. The team included a CQC inspection manager and a CQC national clinical advisor.

Background to Dr Sivasailam Subramony

Dr Sivasailam Subramony provides a range of primary medical services to the residents of Luton and the surrounding area. The practice provides services from its location of Medina Medical Centre, 3 Medina Road, Luton, Bedfordshire, LU4 8BD.

The provider is registered with the CQC to provide the following regulated activities:

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

The practice population is ethnically diverse with a higher than average number of patients aged between five and 18 years, and a lower than average number of patients aged over 65 years. National data indicates the area is one of mid to high deprivation. The practice has approximately 6,060 patients and services are provided under a general medical services contract.

The practice has a male principal GP and uses a regular female locum GP. There is a practice nurse and a health care assistant, both female. There are a team of reception and administrative staff led by a practice manager and deputy practice manager.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Routine appointments with a GP, practice nurse or health care assistant can also be booked through the practice for the Luton Extended Hours Service. This service operates on Monday to Friday evenings from 6pm to 9pm and on Saturdays and Sundays from 8.30am to 2.30pm at two local GP Practices.