

Dr Gigurawa Wijethilleke

Quality Report

1 Croston Road Lostock Hall Preston PR5 5RS Tel: 01772 330724 Website:www.medicareunit.co.uk

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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 service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Gigurawa Wijethilleke's practice on 29 September 2016. The overall rating for the practice was good with the key question of safe rated as requires improvement. The full comprehensive report on the September 2016 inspection can be found by on our website at http://www.cqc.org.uk/location/1-510297930/reports.

This inspection was a desk-based review carried out on 18 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 29 September 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our key findings were as follows:

- At the inspection in September 2016 we found that the practice was reliant on the use of a defibrillator situated in a public area close to the practice. At this desk-based review we saw evidence that the practice had purchased a defibrillator for themselves.
- At our previous inspection, we identified that the surgery did not have a legionella risk assessment for the building (legionella is a term for a particular bacterium which can contaminate water systems in buildings). For this inspection, the practice provided evidence to show that a legionella risk assessment had been conducted and necessary control measures had been put in place and were being carried out.

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

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in September 2016.

Evidence supplied included proof of purchase for a defibrillator for use in medical emergency situations. We were also given a copy of a legionella risk assessment for the surgery premises (legionella is a term for a particular bacterium which can contaminate water systems in buildings). This stipulated control measures that needed to be implemented to prevent the presence of legionella in the surgery water system and we saw evidence that these measures were in place and were being carried out. We also saw a copy of a legionella test that had been done to ensure that legionella was not present.

Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/1-510297930/reports.

Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/1-510297930/reports.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/1-510297930/reports.

Are services well-led?

The practice is rated as good for providing well-led services.

Good

Good

Good

Good

Good

This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/1-510297930/reports.

The six population groups and what we found

We always inspect the quality of care for these six population groups.	
Older people The practice is rated as good for the care of older people. This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/	Good
People with long term conditions The practice is rated as good for the care of people with long-term conditions. This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is	Good
available on our website http://www.cqc.org.uk/location/ 1-510297930/reports.	
Families, children and young people The practice is rated as good for the care of families, children and young people.	Good
This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/1-510297930/reports.	
Working age people (including those recently retired and students) The practice is rated as good for the care of working age people (including those recently retired and students).	Good
This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/1-510297930/reports.	
People whose circumstances may make them vulnerable The practice is rated as good for the care of people whose circumstances may make them vulnerable.	Good
This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/1-510297930/reports.	

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

This rating was given following the comprehensive inspection in September 2016. A copy of the full report following this inspection is available on our website http://www.cqc.org.uk/location/1-510297930/reports.

Good





Dr Gigurawa Wijethilleke

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to Dr Gigurawa Wijethilleke

Dr Gigurawa Wijethilleke, also known as Medicare Unit Surgery, is based in a two storey house situated in the centre of the Lostock Hall area of Preston at 1 Croston Road, Lostock Hall, Preston, PR5 5RS. Patient facilities are mainly situated on the ground floor. These comprise of a reception area, waiting room, reception office, consulting room, treatment room and accessible toilet. There is a further treatment room on the first floor which is used occasionally for minor surgery.

The practice provides level access for patients to the building. It has a small car park for patients and staff and there is also a public car park across the road. The practice has public transport nearby.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services (GMS) contract.

There is one principal male GP and one practice nurse, a practice manager who also acts as a medicines co-ordinator and three administrative and reception staff who support the practice.

The practice is open from 8am to 6.30pm every day from Monday to Friday and extended hours are offered on Mondays, Tuesdays and Wednesdays from 6.30pm to 7pm and on most Saturdays from 9am to 12noon. Appointments

are available from 8.20am to 12noon and from 3.20pm to 6.10pm every weekday with extended hours appointments on Mondays, Tuesdays and Wednesdays from 6.30pm to 7pm. There is no bookable afternoon surgery on a Thursday when appointments finish at 12noon. Saturday morning appointments run from 9am to 11.30am.

The practice provides services to 2,716 patients. There are higher numbers of patients aged over 40 years of age (56%) than the national average (46%) with more patients aged between 60 and 75 years of age than the national average (19% compared to 15%).

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is comparable to the local and national average, 82 years for females compared to 83 years nationally and 79 years for males compared to 79 years nationally.

The practice has a slightly higher proportion of patients experiencing a long-standing health condition than average practices (57% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is lower (58%) than the CCG and national average of 62% and unemployment figures are higher, 10% compared to the CCG average of 3% and national average of 5%.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Gigurawa Wijethilleke's practice on 29 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with

Detailed findings

the key question of safe rated as requires improvement. The full comprehensive report following the inspection in September 2016 can be found on our website at http://www.cqc.org.uk/location/1-510297930/reports.

We undertook a follow up desk-based focused inspection of Dr Gigurawa Wijethilleke's practice on 18 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Gigurawa Wijethilleke's practice on 18 January 2017. This involved reviewing evidence that:

- The practice had addressed the risks associated with the absence of a defibrillator in the surgery building.
- The practice had completed a risk assessment for the presence of legionella in the surgery water system (legionella is a term for a particular bacterium which can contaminate water systems in buildings).



Are services safe?

Our findings

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for providing safe services as the practice had not implemented actions identified by a previous significant event. The practice was reliant on a defibrillator that was available in a public car park nearby. The surgery had not carried out a risk assessment to assess the risks of not having a defibrillator in the surgery building and to ensure the defibrillator in the car park was regularly serviced and maintained.

Also there had been no risk assessment carried out for the presence of legionella in the building water system (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

These arrangements had significantly improved when we undertook a follow up inspection on 18 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

We were sent evidence of the purchase of a defibrillator which was delivered on 3 November 2016 for use by the practice in emergency situations and were told that this defibrillator was held at the practice with all of the other patient emergency equipment.

Monitoring risks to patients

The practice supplied us with a copy of a legionella risk assessment that had been carried out in December 2016. This included a list of mitigating actions that the assessment recommended should be put in place to control the growth of legionella. The practice sent us evidence that these control measures had been put in place. In order to ensure that there was no existing legionella present, the practice had also had a test done in October 2016 before these control measures were in place.

Arrangements to deal with emergencies and major incidents

The practice had good arrangements to deal with patient medical emergencies. The defibrillator was available with other emergency equipment and medications.



Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk-based review of safe care and treatment within the key question safe. We did not review this key question.



Are services caring?

Our findings

Please note this is a focused desk-based review of safe care and treatment within the key question safe. We did not review this key question.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk-based review of safe care and treatment within the key question safe. We did not review this key question.

Are services well-led?

Good



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Please note this is a focused desk-based review of safe care and treatment within the key question safe. We did not review this key question.