

# Dr Manickam Murugan

## Inspection report

Hednesford Valley Health Centre  
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



# Overall summary

We carried out an announced follow-up comprehensive inspection at Dr Manickam Murugan on 12 March 2019.

We previously carried out an announced comprehensive inspection at Dr Manickam Murugan on 11 January 2018. Overall the practice was rated overall as requires improvement. Breaches of legal requirements were found and requirement notices were served in relation to good governance and fit and proper persons employed. We also made five good practice recommendations. The full comprehensive report on the January 2018 inspection can be found by selecting the 'all reports' link for Dr Manickam Murugan on our website at .

At the last inspection in January 2018, we rated the practice and all of the population groups as requires improvement for providing safe services because:

- The practice had not obtained all of the required staff checks when recruiting new staff .
- The practice had not assessed the impact of reduced reception staff hours on the service.
- Reception staff did not have access to 'red flag' alerts to assist them on how to respond to symptoms that might be reported by patients.
- It was not clear if there were any designated fire marshals within the practice and not all staff were up to date with their fire training.

**At this inspection, we found that the provider had satisfactorily addressed these areas.**

We previously rated the practice and all of the population groups as requires improvement for providing effective services because:

- The practice did not have a structured system to keep clinicians up to date with current evidence-based practice.
- The programme of quality improvement activity and reviews of the effectiveness and appropriateness of the care provided needed to be further developed.

**At this inspection, we found that the provider had satisfactorily addressed most of these areas.**

We previously rated the practice and all of the population groups as requires improvement for providing caring services because:

- The deterioration in the results of the National GP Survey published in July 2017.

- The lack of any clear action taken by the practice to address the worsening GP Survey results.

**At this inspection, we found that the provider had satisfactorily addressed these areas.**

We previously rated the practice and all of the population groups as requires improvement for providing responsive services because:

- The deterioration in the results of the National GP Survey published in July 2017.

**At this inspection, we found that the provider had not satisfactorily addressed these areas.**

We previously rated the practice and all of the population groups as requires improvement for providing well-led services because:

- Clinical leadership and capacity and governance arrangements needed to be further developed.
- Effective processes to identify, understand, monitor and address current and future risks including risks to patient safety needed to be further developed and implemented.
- Arrangements were not in place to review and take effective action in response to the clinical performance of the practice.
- Limited arrangements were in place to explore and address the deterioration in the National GP Survey scores.

**At this inspection, we found that the provider had satisfactorily addressed most of these areas.**

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 have rated this practice as requires improvement for safe and responsive services and good for effective, caring and well-led services. The overall rating of requires improvement affected all population groups.**

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

# Overall summary

- The systems, processes and practice that helped to keep patients safe and safeguarded from abuse at the time of the inspection were insufficient. Not all staff were up to date with safeguarding and essential training and safeguarding policies did not reflect current national updates.
- The practice did not hold a register of children at risk or hold meetings with health visitors to discuss these children or frequent attenders at A&E.
- The practice had not implemented a system to monitor and follow up children who did not attend their appointment following referral to secondary care.
- The practice did not have a child pulse oximeter in place.
- The management of medicine reviews required greater oversight.

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

- Results from the national GP survey showed that patient's satisfaction with how they could access care and treatment continued to be lower than local and national averages.

## **We rated the practice good for providing effective, caring and well-led services because:**

- There was a positive culture for reporting, recording and learning from significant events.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice conducted safety risk assessments and had a suite of safety policies which were regularly reviewed and communicated to staff.
- The practice worked with other agencies to improve patient care.
- Although the practice did not have a formal proactive audit plan in place, some improvements had been made to quality improvement activity.

- The arrangements for clinical leadership and overall governance structures had been reviewed, further developed and changes implemented.
- Processes to identify, understand, monitor and address current and future risks, including risks to patient safety, had improved.
- Staff were supported in their roles and with their professional development.
- Regular meetings were held with staff to communicate to share information and practice performance.

## **The areas where the provider must make improvements as they are in breach of regulations are:**

- Care and treatment must be provided in a safe way for service users

(Please see the specific details on action required at the end of this report).

## **The areas where the provider should make improvements are:**

- Improve telephone access to the practice.
- Undertake a review of staffing levels to help improve patient access.
- Ensure all staff complete outstanding training.
- Develop a structured programme of quality improvement activity.
- Provide the fire marshal with a high visibility vest in the event of a fire evacuation.
- Update the practice website to reflect the changes in staffing.
- Ensure reception staff are able to use the hearing loop.
- Improve the awareness and uptake of the patient participation group.

## **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>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice manager advisor and a second CQC inspector.

## Background to Dr Manickam Murugan

Dr Manickam Murugan is located in Cannock and provides primary medical services to patients of all ages and is part of the NHS Cannock Chase Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The provider is currently registered with CQC as an individual provider although an application for change of legal entity is imminent. The provider is registered to deliver the following Regulated Activities from this location only: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

At the time of the inspection there were 3650 patients registered at the practice. The practice provides GP services in an area considered of lower deprivation within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice age profile is comparable with local and national averages. The practice population is predominantly white (97.8%) with a higher percentage of unemployment levels (6.7%) compared with local (3.2%) and national (4.3%) averages. The percentage of patients with long-term health

conditions is 55.9% compared with the local average of 57.8% and the national average of 51.2%. The practice patient life expectancy is 78 years for males and 82 years for females, which is comparable to local and national averages.

The practice team includes two part-time male GP Partners, one part-time female advanced nurse practitioner, one locum male advanced nurse practitioner, a part-time locum advanced practice pharmacist, a part-time practice manager, a part-time assistant practice manager, a part-time reception manager and a team of four reception and administrative staff. A practice nurse is due to commence working at the practice in April 2019.

The practice is open between 8am and 6.30pm Monday to Friday. The practice is closed on Wednesday afternoon from 12.30pm. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the practice. When the practice is closed patients are directed toward the out of hours provider via NHS 111 service.

Further details can be found by accessing the practice's website at [www.drmmuruganssurgery.nhs.uk](http://www.drmmuruganssurgery.nhs.uk)

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operating 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:</p> <p>The systems, processes and practice that helped to keep patients safe and safeguarded from abuse at the time of the inspection were insufficient. Not all staff were up to date with safeguarding and essential training and safeguarding policies did not reflect current national updates.</p> <p>The practice did not hold a register of children at risk or hold meetings with health visitors to discuss these children or frequent attenders at A&amp;E.</p> <p>The practice had not implemented a system to monitor and follow up children who did not attend their appointment following referral to secondary care.</p> <p>Not all medication processes were effective.</p>