

Drs. Taylor, Sreelatha and Thachankary

Inspection report

The Surgery
Stuart Road
Pontefract
WF8 4PQ
Tel: 01977703437

Date of inspection visit: 29 July 2021
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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?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection at Drs. Taylor, Sreelatha and Thachankary, also known as Stuart Road Surgery, between 23 March and 25 March 2021. The overall rating for the practice was inadequate and the service was placed into special measures. Warning notices were subsequently served on the provider for breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations 12 Safe care and treatment and Regulation 17 Good governance. The full report of this focused inspection can be found by selecting the “all reports” link for Drs. Taylor, Sreelatha and Thachankary on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was an announced focused inspection carried out on 29 July 2021 to check that the provider had responded to the warning notices dated 29 April and 4 May 2021 and met the legal requirements in relation to the breaches of Regulation 12 and Regulation 17. The provider was required to be compliant with the matters documented in the warning notices by 26 July 2021.

This report covers our findings in relation to those requirements. The inspection has not resulted in any new rating and the practice remains rated as inadequate and in special measures.

How we carried out the inspection

Throughout the pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews during a short on-site visit.
- Reviewing patient records to clarify actions taken by the provider.
- Requesting and reviewing information from the provider.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from the provider.

We found that:

- The provider had made the required improvements in most areas identified in the warning notices. However, the provider had not sufficiently dealt with the backlog of summarising of new patient records, and of incoming non-clinical correspondence. At the time of inspection, the practice had a backlog of over 270 new patient records (this had previously been 422 at the time of the last inspection) which needed to be summarised, and incoming non-clinical correspondence had a backlog of four weeks.
- We saw that new processes had been put in place which ensured that patients who showed a potential diagnosis of a long-term condition had received further care and treatment appropriate to their needs.

Overall summary

- We saw evidence that essential policies and procedures had been reviewed and updated, and that processes were in place to give assurance that these will be reviewed and managed on a regular basis.
- The provider had systems in place for the effective handling of medicine and patient safety alerts, recent alerts had been reviewed and actioned as appropriate.
- The provider had implemented new operating procedures which ensured that medicines were being effectively managed, and that patients had been effectively monitored. However, it was noted that the provider had experienced difficulties in downloading test results taken at external clinics but was working with others to resolve this issue.
- The provider had improved coding processes for the authorisation of repeat medicine requests, this had made it clear that the person who authorised the prescribing was competent to do so.
- The provider had improved the oversight and management of infection prevention and control (IPC) within the practice. Cleaning schedules were in place which were monitored, and additional resources had been allocated for cleaning and infection control purposes. The practice was in a clean condition at the time of our inspection.
- The provider had put in place arrangements for seeking and acting on feedback from staff and patients. For example, the Patient Participation Group had been reformed and had met on two occasions since the last inspection. Staff appraisals and meetings had been held.
- Significant event and incident processes had been reviewed and the process embedded in the practice. We saw that events and incidents had been recorded and investigated, and that learning points had been identified and shared with staff.
- The provider had undertaken quality improvement work since the last inspection. We saw that they had carried out clinical audits and had put systems and processes in place to improve services as a result of patient complaints and staff feedback.
- The provider had put measures in place which ensured that health and safety, and fire safety risks were effectively managed. For example, a fire risk assessment had been undertaken, and new health and safety risk assessments had been completed.
- New processes had been put in place which ensured that referrals to other services had been fully completed prior to submission to the relevant body.

We found one continued breach of regulation. The provider **must**:

- Ensure that the provider has systems or processes in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user.

The area where the provider **should** make improvement was:

- Continue work to resolve the issue in relation to downloading test results from external clinics and services.

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

Older people	Not inspected	
People with long-term conditions	Not inspected	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

Our inspection team

Our inspection was undertaken by a CQC inspector.

Background to Drs. Taylor, Sreelatha and Thachankary

The practice surgery is located on Stuart Road in Pontefract, West Yorkshire, WF8 4PQ and is a member of NHS Wakefield Clinical Commissioning Group. We visited this location as part of our inspection. The building is accessible for those with a disability and has been adapted further, for example the reception desk has been lowered for wheelchair users and a hearing loop has been installed for those with a hearing impairment. There is parking available nearby for patients and an independent pharmacy is adjacent to the practice.

The practice serves a registered patient population of around 8,900, who are predominantly White British. The practice provides services under the terms of the Personal Medical Services (PMS) contract. Attached to the practice, or closely working with the practice, is a team of community health professionals that includes health visitors, midwives and members of the district nursing team.

The practice is part of a wider network of GP practices and works as part of the Wakefield Health Alliance Primary Care Network.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures.

Information published by Public Health England report deprivation within the practice population group as four on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The average life expectancy of the practice population is lower than the national average for both males and females (77.6 years for males, compared to the national average of 79 years and 82.5 years for females compared to the national average of 83 years).

The practice has three GP partners (two male, one female) supported by salaried and locum GPs. In addition, there is an advanced nurse practitioner, one trainee advanced care practitioner, one practice nurse and two healthcare assistants. Clinical staff are supported by a practice manager and an administration and reception team.

Practice appointments and support include:

- Telephone triage and advice
- Pre-bookable appointments for certain conditions and reviews
- On the day/urgent appointments

- Telephone/video/face to face consultations
- Home visits

Due to the enhanced infection prevention and control measures put in place since the COVID-19 pandemic, and in line with the national guidance, most GP appointments are telephone consultations, although face to face appointments are still available when required.

The practice is open between 7am and 6.30pm on Monday and Wednesday, and 8am to 6:30pm on Tuesday, Thursday and Friday. Additionally, the practice can make appointments for patients to access primary care services via a local extended hours service. Out of hours care is provided by Local Care Direct Limited.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider had a backlog of around 270 new patient records which required summarising.• The provider had a backlog of incoming non-clinical correspondence which dated back four weeks. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>