

Swanpool Medical Centre

Inspection report

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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Insufficient evidence to rate



Are services well-led?

Inspected but not rated



Overall summary

We carried out an unannounced comprehensive inspection at Swanpool Medical Centre on 8 January 2020, due to concerns identified at an inspection of the provider's practice Clifton Medical Centre and its branch surgery on 19 December 2019. As there were concerns identified at a provider level, highlighting a lack of effective leadership and clinical oversight, a decision was made to inspect each of the providers (Dr Devanna Manivasagam's) four practices on 8 January 2020. Following the inspection we took urgent enforcement actions against the provider and imposed conditions to their registration.

This GP Focused Inspection Pilot (GPFIP) in September 2020, was undertaken to follow up the conditions imposed on the providers registration with no site visit undertaken therefore was not rated

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. The inspection consisted of remote interviews and reviews of clinical records.

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 not rated the practice during this inspection as we did not visit the Provider.

We found:

- The practice was unable to demonstrate that there was clear oversight of governance arrangements to ensure risks to patients were considered, managed and mitigated appropriately.
- On reviewing a random sample of clinical records, patient consultations had not always been undertaken in line with recommended guidance.
- There was limited monitoring of the outcomes of care and treatment. Some clinical audits were available, however they did not demonstrate quality improvement or improved patient outcomes over a period of time.
- Medication reviews had not been completed in line with recognised guidance. On reviewing a random sample of patients records, we found some patients had not received the appropriate monitoring before medicines had been prescribed.
- The practice had implemented a system of peer review for the clinical team. We found on reviewing a sample of patient records that the system was ineffective as the performance of employed clinical staff could not be demonstrated through their prescribing decisions and reviews of their consultations.
- The practice had safeguarding registers in place, however on reviewing the registers we found them to be inaccurate and not maintained appropriately.
- The provider had strengthened the leadership team and had recently employed a new manager, GPs and nurse to strengthen the teams.
- Staff training had been strengthened and a training matrix had been implemented to ensure all staff were up to date with training relevant to their role.

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

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

Overall summary

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

- Continue taking action to improve the uptake of cervical screening appointments.

This service will remain in a period of extended special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor to CQC, a CQC Pharmacist Inspector to CQC and two additional CQC inspectors.

Background to Swanpool Medical Centre

Swanpool Medical Centre is located in Tipton, an area in the West Midlands. The practice has good transport links and there is a pharmacy located nearby. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, surgical procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury. These are delivered from both sites.

Swanpool Medical Centre is situated within the Sandwell and West Birmingham Clinical Commissioning Group (CCG) and provides services to 9,185 patients under the terms of a General Medical Services contract (GMS). This is a contract between general practices and NHS England for delivering services to the local community.

The provider Dr Devanna Manivasagam is registered with CQC as a single handed GP provider. However, he has recently taken on a new partner at the practice but has yet to register with CQC as a partnership. Dr Devanna Manivasagam is also the sole provider of three other GP practices. These include: Clifton Medical Centre (and a branch surgery at Victoria Health Centre), Bean Road Medical Centre and Dr Devanna Manivasagam (also known as Stone Cross Medical Centre).

Practice staffing consists of the two GP partners (male and female) and six locum GPs (three male and three female). The practice employs a practice nurse, a site manager and several administration staff. There is also an Executive manager and a clinical pharmacist who works across all sites.

The practice opening hours are Monday to Friday 8.30am to 6.30pm. The practice is part of a primary care network and patients had access to appointments from 9am to 12pm Saturday and Sunday at the local hub. When the practice is closed, out of hours cover is provided by NHS 111.

The National General Practice Profile states that 88.4% of the practice population are from a white ethnicity. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Enforcement actions

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to medicines management.• The provider had an inadequate system in place to ensure the safeguarding register was up to date and current. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) 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>The provider was unable to demonstrate that care and treatment was provided in a safe way for service users.</p> <p>In particular we found:</p> <p>The provider had not done all that was reasonably practicable to mitigate risks:</p> <ul style="list-style-type: none">• The provider did not have effective systems for the management of patients who were vulnerable and at risk of harm. <p>The provider had failed to ensure the proper and safe management of medicines:</p>

This section is primarily information for the provider

Enforcement actions

- Comprehensive care records were not maintained for patients.

The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:

- The provider could not demonstrate effective clinical supervision or oversight for clinical staff and those working in a temporary basis.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.