

# Littlelever Health Centre 2

## Inspection report

Mytham Road  
Little Lever  
Bolton  
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Date of inspection visit: 18 February 2022  
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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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Dr Thirrupathy Subramanian also known as Little Lever Health Centre 2 on 18 February 2022. Overall, the practice is rated as Requires Improvement.

The following ratings have been given to the key questions:

Safe - Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led – Requires Improvement

The practice, formerly a partnership was re-registered as an individual, Dr Thirrupathy Subramanian (also known as Little Lever Health Centre 2) on 11 March 2020. The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Thirrupathy Subramanian on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive review of information undertaking by carrying out a site visit. The focus of the inspection included a review of the key questions

- Safe,
- Effective,
- Caring,
- Responsive and
- Well Led.

## How we carried out the inspection

Throughout the pandemic 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 some staff interviews by telephone
- Completing clinical searches on the practice's patient records system and discussing findings with the provider on-site
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A shorter site visit

# Overall summary

## 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 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 overall

We rated the provider as requires improvement for providing safe services:

- Systems introduced to manage safety within the practice were not failsafe. Meetings which had been implemented to regularly monitor and discuss safety concerns were not embedded.
- Learning from significant incidents was not maintained.
- The systems to oversee and manage medicines and safety alerts was not failsafe.

We rated the provider as requires improvement for providing effective services:

- There was no evidence of any two-cycle audits or previous or future defined clinical audit plans.
- A system to formally discuss clinical outcomes and ensure treatment was delivered according to evidence-based guidance was not embedded.

We rated the provider as requires improvement for providing well led services:

- Although there was compassionate and inclusive leadership at all levels, leaders did not demonstrate all the required knowledge and skills to effectively and safely deliver high quality sustainable care.

We rated the provider good for providing caring services:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the provider good for providing responsive services:

- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

## We found breaches of regulations. The provider must:

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

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff via telephone prior to the inspection, undertook a site visit and spoke with staff on site. The team included a GP specialist advisor who completed clinical searches and records reviews on site and spoke with staff on site.

## Background to Littlelever Health Centre 2

Dr Thirrupathy Subramanian is located in Bolton at:

Dr T Subramanian

Little Lever Health Centre 2

Mytham Road

Little Lever

Bolton, BL3 1JF

Tel: 01204 462988

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

The practice is situated within the Bolton Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of approximately 2,800 patients. This is part of a contract held with NHS England. The practice is part of a wider network of five GP practices known as the primary care network.

The patient age profile for the practice is similar to the CCG average. Life expectancy for males is 77 years, which is in line with the CCG average of 77 years and below the national average of 79. Life expectancy for females is 82 years, which is above the CCG average of 81 and below the national average of 83. Information published by Public Health England, rates the level of deprivation at number five on the deprivation scale. Level one represents the highest levels of deprivation and level ten the lowest.

7% of patients are 75 years or over and the demographic is mainly white British with recent increasing numbers of patients from Eastern Europe and the Middle East. The practice is a member of Bolton Clinical Commissioning Group (CCG). There is a high number of patients over the age of 65.

Dr Thirrupathy Subramanian is the sole and lead GP and also the registered manager. There is a long term female locum GP covering six sessions at the practice and a part time practice nurse, supported by an assistant practitioner. There are two practice managers who job-share and a team of part time administration and reception staff supporting the practice.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are telephone consultations. However this practice was proud to report they have never closed their doors and have continued to see patients face to face at all times, safely and when required.

A new service in Bolton was introduced to give patients more flexibility in where, when and how they use local health services. Patients registered with this GP practice can also book appointments to see a doctor or nurse at weekends at Waters Meeting Health Centre, Winifred Kettle, Washacre Lane and the Urgent treatment centre at Royal Bolton Hospital. Appointments are available 9am – 1pm Saturday and Sunday and Bank Holidays and Monday to Friday 6.30pm – 9.30pm. Appointments are accessed via the GP surgery.

## 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 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 registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Safeguarding – there was no plan of how safeguarding would be clinically managed in the event of sudden unexpected absence of the safeguarding lead.</li><li>• The process for managing significant events was not effective and learning from significant events was not maintained.</li><li>• Processes implemented to ensure that care and treatment was managed in a safe and evidence based way were not maintained, including management of medicines.</li><li>• Patients taking combination medicines for heart disease were not routinely reviewed which was potentially unsafe.</li><li>• Patients with diabetes were not correctly identified and diagnosed which was potentially unsafe.</li></ul>
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>The registered person had systems or processes in place that were 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> <ul style="list-style-type: none"><li>• Medicines management</li></ul>

This section is primarily information for the provider

## Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.

In particular:

- Significant incidents
- Clinical audit