

Dr K Manivannan & Dr B Gurung

Inspection report

2 Thames Avenue
Rainham
Gillingham
ME8 9BW

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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

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

The full comprehensive report can be found by selecting the 'all reports' link for Dr K Manivannan & Dr B Gurung on our website at www.cqc.org.uk.

Why we carried out this inspection:

We carried out an announced inspection at Dr K Manivannan & Dr B Gurung on 20 May 2022 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Requesting evidence from the provider
- A short site visit

Our judgement of the quality of care at this service is based 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.

Our findings:

We have rated this practice as Good overall.

Overall summary

- Most of the practice's systems, practices and processes kept people safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment.
- The practice learned and made improvements when things went wrong.
- Patients' needs were assessed, and care as well as treatment were delivered in line with current legislation, standards and evidence-based guidance.
- Published results showed that performance for breast and bowel cancer screening was higher than local and England averages.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff treated patients with kindness, respect and compassion.
- Feedback about the practice from the national GP patient survey published in July 2021 was positive with patient scores for all five indicators being higher than local and England averages.
- Staff helped patients to be involved in decisions about their care and treatment.
- People were able to access care and treatment in a timely way.
- The practice involved the public, staff and external partners to help ensure they delivered high-quality and sustainable care.

However, we rated the practice as Requires Improvement for providing safe services because:

- Improvements were required in the management of some risks to patients, staff and visitors from fire safety, infection prevention and control, and legionella.
- The arrangements for managing medicines did not always keep people safe.

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Consider revising practice systems so that they always alert staff to family and other household members of children on the risk register.
- Continue with plans to clean cloth covered chairs in the practice.
- Continue to ensure all Patient Group Directions are completed correctly to make certain they are valid for use by relevant staff.
- Consider revising practice systems to ensure that all prescribing of high-risk medicines continues to follow relevant best practice guidance.
- Continue to act on and learn from all safety alerts.
- Consider revising practice systems to ensure that all reviews of patients with long-term conditions continue to follow relevant best practice guidance.
- Continue with plans to improve uptake of childhood immunisations by relevant patients.
- Continue with plans to include ombudsman details in all replies to complaints.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP Specialist Advisor.

Background to Dr K Manivannan & Dr B Gurung

The registered provider is Dr K Manivannan & Dr B Gurung.

Dr K Manivannan & Dr B Gurung is located at 2 Thames Avenue, Rainham, Gillingham, Kent, ME8 9BW. The practice is situated within the NHS Kent and Medway Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

As part of our inspection we visited Dr K Manivannan & Dr B Gurung, 2 Thames Avenue, Rainham, Gillingham, Kent, ME8 9BW only, where the provider delivers registered activities.

Dr K Manivannan & Dr B Gurung has a registered patient population of approximately 5,655 patients. The practice is located in an area with a lower than average deprivation score.

There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice staff consists of two GP Partners (one male and one female), one practice manager, three practice nurses (all female), one assistant practitioner (female), one healthcare assistant (female), one information technology manager, as well as reception and administration staff. The practice also employs locum GPs via an agency when required.

Dr K Manivannan & Dr B Gurung is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; treatment of disease, disorder or injury.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing the risks to the health and safety of services users of receiving the care and treatment and doing all that was reasonably practicable to mitigate any such risk. In particular:</p> <ul style="list-style-type: none">• A fire drill had not been carried out since May 2021.• The fire alarm had not been checked since 24 April 2022.• There was no member of staff on duty at the time of our inspection who had been trained as a fire marshal.• We saw that some flooring in the reception area and on the stairs to the first floor were secured with tape. Staff told us that repairs had been required for several months and that the tape was a temporary fix. This had not been identified by the health and safety risk assessment. <p>The service provider was not ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Records showed that the temperature of one refrigerator used to store medicines had been recorded as being outside of the acceptable limits (of between two and eight degrees centigrade) on seven occasions between January 2022 and May 2022. We asked to see records of the action taken by staff on these seven occasions but were not provided with any. <p>The provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• We found pull cords used to operate the lights in the cleaning cupboard and kitchen were dirty and not able to be cleaned. This had not been identified by the infection prevention and control audit.

This section is primarily information for the provider

Requirement notices

- Staff told us that there was not an up to date legionella risk assessment, the temperature of water from hot and cold outlets was not being monitored and recorded on a regular basis, and water samples had not been sent to establish if the building's water system had been colonised by legionella.

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