Dr Sivasailam Subramony

Inspection report

Medina Medical Centre
3 Medina Road
Luton
Bedfordshire
LU4 8BD
Tel: 01582 722475
http://www.medinamedicalcentre.co.uk/the-practice/4584808572

Date of inspection visit: 24 August 2018 and on 4 and 20 September 2018
Date of publication: 12/11/2018

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?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as inadequate overall. (Previous rating April 2015 - Good)

The key questions at this inspection are rated as:

Are services safe – Inadequate

Are services effective – Inadequate

Are services caring – Requires Improvement

Are services responsive – Requires Improvement

Are services well-led - Inadequate

We carried out an unannounced comprehensive inspection at Dr Sivasailam Subramony, also known as the Medina Medical Centre, over a period of three days in response to concerns raised. We visited the practice on 24 August 2018 and on 4 and 20 September 2018.

On the first day of inspection on 24 August, we were told by the provider that key documents had been taken from the premises by a previous employee and this had only recently been discovered. These documents related to the governance and safety systems in place at the practice and some policies and procedures. This is not a matter for the Care Quality Commission to investigate.

At this inspection we found:

- There was a systematic lack of leadership and governance at the practice. Risks to patients and staff were not being identified and acted on. There was no effective process in place to assess and monitor the quality of the services provided.
- The practice did not have systems to manage or identify risk so that safety incidents were less likely to happen. The practice could not demonstrate that they learned from safety incidents and complaints to improve their processes.
- The management of safety systems were not evident particularly in relation to infection control, employment checks and health and safety risk assessments.
- We found specific instances where care and treatment had not been provided in accordance with best practice guidelines.
- We found a lack of clinical oversight of patient services provided by practice staff.
- The practice could not locate up to date records of skills, qualifications and training for all staff nor demonstrate the arrangements for providing staff with their development needs. This included the arrangements for appraisal and career development conversations.
- Staff involved and treated patients with compassion, kindness, dignity and respect. However, the practice had not evaluated the services it provided against the requirements of the Equality Act 2010 in relation to disability.
- The management of medicines was not effective. Fridge temperatures were not being monitored effectively, there was insufficient equipment to manage medical emergencies and we found out of date medicines being stored.
- Senior staff at the practice had no knowledge of duty of candour (to be open and candid with patients about any errors in their care and treatment) and there was no evidence that it was followed in the practice.
- Clinical outcomes for the period 2016/17 were in line with local and national averages.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Results from the new GP patient survey (GPPS) published 9 August 2018 showed the practice had continued to maintain positive patient satisfaction with how they could access care and treatment.

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

- 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.

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

- Continue to encourage eligible patients to take up cervical, breast and bowel screening so their uptake is improved in line with the target set by the national screening programme.
- Complete the implementation of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).
- Develop a strategy and system to identify and support patients who are also carers.

Overall summary

- Complete the updating of the practice website.

As a result of the breaches of the regulations and the risk this posed to patients, the Care Quality Commission decided to suspend the providers registration to carry out the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures, treatment of disease disorder or injury, under section 31 of the Health and Social Act 2008. This is because we believe that a person will or may be exposed to the risk of harm if we do not take this action.

Section 31 of The Health and Social Care Act 2008 allows the Commission to make a decision under section 18 to suspend the registration or extend a period of suspension. A Notice of Decision was served on the provider on Thursday 27 September 2018 and the providers registration was suspended from 2pm the same day. The provider, who is a single-handed provider, is therefore unable to carry on the regulated activities for a period of four months at or from the following location, Dr Sivasailam Subramony (also known as Medina Medical Centre), 3 Medina Road, Luton, Bedfordshire LU4 8BD. The provider is no longer providing care or treatment from Dr Sivasailam Subramony (also known as Medina Medical Centre), 3 Medina Road, Luton, Bedfordshire LU4 8BD. Other arrangements have been put in place to provide services to patients at the surgery.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

Population group ratings

Older people	**Inadequate**
People with long-term conditions	**Inadequate**
Families, children and young people	**Inadequate**
Working age people (including those recently retired and students)	**Inadequate**
People whose circumstances may make them vulnerable	**Inadequate**
People experiencing poor mental health (including people with dementia)	**Inadequate**

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector on each day of the inspection.

The team supporting the lead inspector on the different days of the inspection was as follows:

24 August 2018: A GP specialist advisor and a second CQC inspector.

4 September 2018: A second CQC inspector.

20 September 2018: A GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to Dr Sivasailam Subramony

Dr Sivasailam Subramony also known as the Medina Medical Centre situated at 3 Medina Road, Luton, Bedfordshire, LU4 8BD is a GP practice which provides primary medical care for approximately 6,066 patients living in Luton and surrounding areas. There is moderate level of deprivation in the area mainly relating to low income.

Dr Sivasailam Subramony provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly Asian along with a small population of white British, Afro Caribbean, mixed race and Eastern European origin.

The practice has a principal GP (male) and a regular locum female GP. There is a practice nurse who is supported by a health care assistant. At the time of our inspection the practice did not have a manager but an interim practice manager. There is a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice is open as follows:

On Monday and Tuesday from 8am until 8pm; on Wednesday from 8am until 6.30pm; and on Thursday and Friday from 8am until 7pm.

When the practice is closed services are provided by Care UK via the NHS 111 service.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- Systems to keep people safe and safeguarded from abuse required a review and strengthening. We were not assured that appropriate safety systems were in place to safeguard vulnerable adults and children.
- Employment checks including checks for those that acted as chaperones were lacking and not all chaperones had been trained for the role.
- A systematic approach to infection control was not evident.
- Risks to patients such as staff training and equipment for managing medical emergencies, a documented induction system for temporary staff and the availability of a documented business continuity plan to deal with major incidents such as power failure or building damage had not been evaluated and appropriately addressed.
- Safety systems such as those related to safely manage blank prescription forms, risk assessments in relation to safety issues related to legionella water safety (Legionella is a term for a bacterium which can contaminate water systems in buildings), cleaning and other hazardous products as required under the control of substances hazardous to health regulations 2002 and fire safety were not evident.
- Safety monitoring systems such as those for incidents, significant events and implementation of safety alerts were not evident.

Safety systems and processes

We reviewed the systems to keep people safe and safeguarded from abuse.

- During the first two days of our inspection, staff we spoke with knew how to identify and report concerns. Staff told us that they had received up-to-date safeguarding and safety training appropriate to their role. The lead GP informed us that reports and learning from safeguarding incidents were available to staff. However, the practice could not provide documentary evidence of safeguarding policies and procedures, the training completed for all staff, or minutes of any clinical or safeguarding meetings as we were told these had been removed from the premises. On the last day of our inspection we were provided with documentary evidence of role specific safeguarding training for all non- clinical staff and the practice nurse. We were shown a comprehensive policy for safeguarding children and adults that had been put in place recently. However, we did not see evidence that the safeguarding lead GP had undertaken the appropriate level of training. We found that there was no alert system on the patient electronic records to identify other vulnerable siblings within a family.
- During the first two days of our inspection staff who acted as chaperones told us that they were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However documentary evidence of training completed or of DBS checks for two out of the four staff that acted as chaperones were not available as we were told these had been removed from the premises. On the last day of our inspection the practice told us that they planned to re-deliver in house chaperone training in order to re-establish training records, but dates had not been confirmed.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. In one example we found a clinical staff member had liaised with relevant agencies to ensure the safety of a child.
- During the first two days of our inspection we reviewed four staff recruitment files. In three of the four files there was no evidence of appropriate recruitment checks. The fourth staff member had been supplied by an employment agency. The practice did not hold details of their employment checks. We were told that previously compete recruitment files had been available but these had been removed from the premises. Later at the request of the interim practice manager the employment agency confirmed and supplied documentary evidence that appropriate employment checks had been carried out which included the required registration checks with the professional regulatory body. Clinical staff had appropriate medical indemnity insurance.
- On the last day of our inspection we found new employment files had been established for each staff member to replace those that had been in existence previously. However, these were incomplete. For

example, DBS checks were still not available. We reviewed the employment process for a new member of staff who had started a few days before and found no records of references or DBS checks or a risk assessment for the need of a DBS check prior to starting work with the practice. The system in place for the safe recruitment of staff was not effective.

- On the first day of our inspection we reviewed the system to manage infection prevention and control. We found that the system was not effective. Privacy curtains were not the subject of routine cleaning or changing at regular intervals. Although cleaning schedules were in place for general cleaning, this was not the case for the chair fabrics and waste water outlets for hand wash basins, which were visibly soiled. Wall mounted soap dispensers and towel dispensers were not available or used in most clinical rooms. On the second day of our inspection we found all the privacy curtains had been replaced with the disposable type. On the third day of inspection we found thick soap residue on a soap dish in an upstairs consultation room making the hand washing sink visibly soiled.
- The practice could not confirm the immunisation status of applicable clinical and non-clinical staff in relation to immunisations recommended by the Health and Safety at Work Act 1974. The practice told us that information about the hepatitis B immunisation status of applicable staff had been available previously but they had been removed from the premises.
- Infection control policies and procedures and staff training records related to infection control were not available. On the last day of our inspection we were shown a copy of a replacement infection control policy and the results of a very recent infection control audit completed after the second day of our inspection visit. An action plan against the audit was being developed. The practice told us they were urgently replacing floor covering throughout with wipe/wash clean laminate flooring during the weekend of 22 and 23 September 2018 and submitted an invoice for the work planned. The system in place for the safe management of infection control was not effective.
- We reviewed the arrangements to ensure facilities and equipment were safe and in good working order. Portable appliance tests (PAT) and equipment calibration had been completed in August 2018.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

We reviewed the systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice had a growing patient list (1000 new patients in the last three years) and we noted that staffing was arranged flexibly to cope with the changing demand. For example, the lead GP assessed requests for on the day appointments each morning before patient consultations began to ensure face to face appointments were appropriate and needed. The lead GP told us that recruitment and retention of GPs and nurses was a continuing issue in the locality.
- On the first day of our inspection the practice did not have a documented induction system for temporary staff or a locum pack tailored to their role. During our third day of the inspection visit we found a replacement locum pack had been introduced which we found was a useful resource for temporary staff.
- On the first day of our inspection we reviewed the arrangements to deal with medical emergencies. Staff spoken with told us that they were trained in emergency procedures. However, we did not see any records to confirm the training undertaken as we were told these had been removed from the premises. On the last day of the inspection the practice told us that CPR training had been rearranged for 21 September 2018 for the entire practice staff and sent us confirmation for this planned training. We were therefore not assured that staff had received appropriate training to manage a medical emergency.
- Clinicians knew how to identify and manage patients with severe infections including sepsis (a life-threatening illness caused by the body's response to an infection). However, staff had not undergone the necessary training, had access to the sepsis template to help with a timely diagnosis, nor stocked a paediatric oximeter (used to assess heart rate as well as the respiratory status of a child in an emergency). On the last day of our inspection the lead GP told us that they had completed online training on sepsis management but did not show us any confirmation certificate. After

our inspection, the lead GP wrote to us and told us that they had located a dual use oximeter (for use on both adults and children) and a further two paediatric oximeters had been ordered.
- On the first day of our inspection the practice did not have a documented business continuity plan in place for major incidents such as power failure or building damage. On the last day of our inspection we saw that a replacement business continuity plan had been put in place. However, it was incomplete, for example it did not contain utility company (gas, electricity etc.) contacts or staff contacts. We were informed of a buddy GP practice to be used in an emergency but this was not documented in the plan. We were informed that a copy of the plan was held off site by the lead GP, nurse and the interim practice manager.

Information to deliver safe care and treatment

We reviewed the systems for appropriate and safe handling of medicines and were not assured that there were effective systems in place for the management of medicines.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a system to manage test results. However, the practice did not use the electronic patient record system to identify and recall patients that required an urgent review following the receipt of an abnormal test result. The handwritten diary based system that they did use, had the potential for some patients being missed a timely review. For example, we saw that a request by a GP for reception staff to contact a patient to attend for an urgent appointment, had not been followed up by reception staff. Therefore, we were not assured that the system used by the practice to identify and recall patients for a medical review was effective.
- The practice had a procedure for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a process to communicate with the district nurse and health visitor. There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- Clinicians made referrals to specialist services. However, we noted that referrals made were not routinely followed up to check patient attendance at the referred clinics.

Appropriate and safe use of medicines

We reviewed the systems for appropriate and safe handling of medicines.

- On the first day of our inspection we reviewed the systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment. We found two emergency medicines and a respiratory mask needed replacement as they had expired during the week of our inspection which were immediately ordered. On the second day of our inspection we found these had been replaced.
- We checked and found that patients that received high risk medicines had received the appropriate monitoring and blood tests. However, there was no evidence in patient's notes that these tests had been reviewed prior to the issue of a repeat prescription. The lead GP informed us that they always reviewed the monitoring results prior to signing the prescription. Although temperatures of the medicines fridge had been previously monitored regularly we found during a four-week period from 27 July 2018 to 24 August 2018 where the monitoring had not been completed daily when the practice had been open.
- On the last day of our inspection we found temperature monitoring was being recorded daily. An electronic data logger had been ordered and had been delivered and was awaiting installation.
- We also found four of out of date Vitamin B12 injections in an upstairs consultation room. These were immediately destroyed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. A pharmacist helped the practice once a week with the monitoring of medicines.
- Blank prescription forms were not securely managed in accordance with security of prescription forms guidance issued by NHS Protect.

Track record on safety

We reviewed the practice track record on safety.

Inadequate

Are services safe?

- We looked at practice health and safety risk assessments on the second day of our inspection but the practice could not locate them. Those related to legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings), cleaning and other hazardous products as required under the Control of Substances Hazardous to Health Regulations 2002 and fire safety were absent. On the third day of our inspection we were shown a copy of a legionella safety risk assessment but it was incomplete as it lacked key elements of the risk assessment. After our inspection the lead GP wrote to us and told us that a health and safety risk assessment by an external contractor was scheduled to take place on 25 September 2018.
- During the first two days of the inspection the practice could not locate any monitoring information that helped understand risks and any safety improvements needed, although we were told that these had been in place previously. For example, there was no information on any incidents, significant events that may have happened in the past 12 months nor any evidence of any related operational policy or procedure.
- On the last day of our inspection we saw that a significant event policy had been introduced as a replacement but only contained information regarding non-clinical events; there was no information on how and when to escalate event information outside of the practice. We found that the leaders at the practice had a lack of knowledge of the duty of candour (to be open and candid with patients about any errors in their care and treatment) and there was no evidence that it was followed in the practice. Leaders at the practice were also unaware of the requirements of general data protection regulation (GDPR) and had not received any training in this regard.
- On the first day of our inspection staff we spoke with described the process for managing safety alerts and gave us examples. We saw evidence within the patient electronic records which demonstrated alerts were acted on where required. We reviewed a patient safety alert related to an antiepileptic medicine and found that the practice had acted on the recommendations and ensured women of childbearing potential were prescribed this medicine with caution. Whilst we did not find evidence of any missed alerts we were not shown a documented process for managing safety alerts or records of actions taken in response to alerts. On the last day of our inspection we saw that a new documented process for managing safety alerts including records of actions taken in response to alerts had been commenced.

Lessons learned and improvements made

We reviewed the process for learning and making improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. The lead GP and senior staff supported them when they did so.
- We did not see a documented system for reviewing and investigating when things went wrong. However, the lead GP told us that the practice learned and shared lessons on an ongoing basis.

Please refer to the evidence tables for further information.

Inadequate

Are services effective?

We rated the practice as inadequate for providing effective services overall and across all population groups.

The practice was rated as inadequate for providing effective services because:

- We found specific instances where care and treatment had not been provided in accordance with best practice guidelines.
- We found a lack of clinical oversight of patient services provided by practice staff.
- The practice had not undertaken any quality improvement activities including clinical audits in the past 12 months.
- The practice could not locate up to date records of skills, qualifications and training for all staff nor demonstrate the arrangements for providing staff with their development needs. This included the arrangements for appraisal and career development conversations. The practice did not participate in the protected time learning activities organised by the CCG.
- There were no monitoring or audit activities that helped ensure the ongoing competency of the healthcare assistant that supported monitoring of long term conditions.
- The practices' uptake for breast and bowel cancer monitoring was below the national averages.
- The practice's uptake for cervical screening was below the coverage target for the national screening programme.

Effective needs assessment, care and treatment

We reviewed the systems to keep clinicians up to date with current evidence-based practice and its application in clinical practice.

- Clinicians had access to best practice standards and guidance and the related clinical pathways and protocols but we found instances where these appeared not to have been applied consistently.
- On the final day of our inspection we noted three examples where care and treatment had not been provided in an effective way. The first was where a patient had been started on treatment for a benign condition without any checks being undertaken to exclude a more serious diagnosis. A life limiting condition was subsequently diagnosed some months later that could have been detected earlier.
- The second occasion related to a patient with a recorded high blood pressure of 200/105 during a nurse review but had no record of any action being taken to address the abnormal blood pressure.
- The third occasion related to a patient with a significantly abnormal renal blood test result which had not been reviewed by a GP until a week later. The GP had then requested for reception staff to contact the patient to attend for an urgent appointment which was not followed up by reception staff.
- After our inspection the lead GP wrote to us with an explanation about those specific cases and that a revised policy and system changes had been circulated to avoid a repeat. However, we were not sent details of the policy and system changes and how the learning had been cascaded to other clinical and reception staff at the practice.
- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- For patients with long term conditions the practice used templates which aided appropriate monitoring treatment and care provision according to current best practice guidance. For example, for patients with mental illness and those that need palliative care.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated inadequate for effective because: Concerns found in the effective domain affected all population groups.

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The lead GP told us that patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. However, the practice was unable to give us any data for the number of such checks completed in the past 12 months.

Inadequate

Are services effective?

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice monitored patients who had experienced a recent deterioration in their physical health and were at risk of admission to hospital. These included patients at risk of falls, and older people with frequent attendance at A&E.

People with long-term conditions:

This population group was rated as inadequate for effective because: Concerns found in the effective domain affected all population groups.

- A GP supported by the practice nurse led on specific conditions including long-term conditions.
- We were not assured that staff carrying out reviews had received appropriate training and their work was not being adequately supervised.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However, we noted two instances where an appropriate review of patient's care and treatment had not been assessed in a timely way.
- The practice in conjunction with the community diabetic specialist nurse offered support and advice to diabetic patients with complex health needs.
- GPs followed up patients who had received treatment in hospital or through out of hours services.

Families, children and young people:

This population group was rated inadequate for effective because: Concerns found in the effective domain affected all population groups.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given met or exceeded the target percentage of 90% or above.
- In conjunction with the community midwife the practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines through shared care agreement with the midwife and appropriate antenatal checks.
- The practice had a close working relationship with the community mental health service and could access their services through appropriate referrals when needed.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

This population group was rated inadequate for effective because: Concerns found in the effective domain affected all population groups.

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. We were informed that the practice made every effort to follow up patients that did not attend including opportunistically during other consultations with a GP or a nurse.
- The practices' uptake for breast and bowel cancer monitoring was below the national averages. The lead GP informed us that because of the ethnic barriers encouraging uptake was challenging. However, practice made every effort to follow up patients that did not attend including opportunistically during consultations with a GP or a nurse.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. However, the practice was unable to give us any data for the number of such checks completed in the past 12 months. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated inadequate for effective because: Concerns found in the effective domain affected all population groups.

- End of life care was delivered including through a referral to the palliative care team if needed and considered the needs of those whose circumstances may make them vulnerable.
- The practice worked closely with social care colleagues and other professionals and updated care plans of vulnerable patients accordingly to keep them safe.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Inadequate

Are services effective?

- The practice had identified patients who were severe or moderately frail. These patients were offered annual reviews with an emphasis on falls prevention and medicine reviews.
- The practice offered annual health checks to patients with a learning disability. However, we found an instance where this check had been performed by a non- clinical member of staff with no clinical oversight by a responsible clinician.

People experiencing poor mental health (including people with dementia):

This population group was rated as inadequate for effective because: Concerns found in the effective domain affected all population groups.

- We were not assured that the staff providing care and treatment had received appropriate training in mental health.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to stop smoking services. Performance in these areas was either in line with or exceeded national averages.
- Patients diagnosed with dementia had their care reviewed in a face to face meeting.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, patients experiencing poor mental health had received discussion and advice about alcohol consumption.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

- We saw some examples of how the practice reviewed the effectiveness and appropriateness of the care provided. For instance, by working to the CCG guidance on antimicrobial prescribing and by jointly reviewing prescribing activity during CCG cluster meetings. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection). However, the practice had not undertaken any quality improvement activities including clinical audits in the past 12 months.
- The most recent published Quality Outcome Framework (QOF) results for the year 2016/17 were 96% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 97%. The overall exception reporting rate was 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making that included prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been contacted by telephone before being subject of exception.
- We were unable to review unverified data held by the practice, for the period 2017/18. However, we did contact the local Clinical Commissioning Group who had data available for the period 1 April to the end of June 2018. This data reflected that clinical outcomes were within expected parameters with no significant outliers.

Effective staffing

We reviewed the skills, knowledge and experience of staff to carry out their roles.

- The healthcare assistant (HCA) and the practice nurse supported the monitoring of patients with diabetes and asthma. During the second day of our inspection the practice nurse showed us their training certificate for diabetes but could not locate the certificate for asthma training. They told us that they were booked on a refresher course for asthma in early October 2018. We were not shown the training certificate for the

healthcare assistant who was not available on the first two days of our inspection. However, on the third day of our inspection we were shown documentation to evidence that the healthcare assistant had received appropriate training to meet the needs of patients.

- A GP we spoke with was not aware of any audit activities that helped ensure the ongoing competency of the healthcare assistant.
- We reviewed the process ongoing support and clinical oversight. The practice nurse told us that the lead GP provided this support. On the last day of our inspection we checked a review of a patient made by the HCA. A patient with abnormal monitoring during an asthma review was suggestive of poor control of their condition. We did not see evidence that this abnormal monitoring was referred to or reviewed by the responsible clinician in a timely way, which indicated a lack of poor clinical oversight. After our inspection, the lead GP wrote to us and explained what had happened in this specific instance but did not tell us why a timely review had not been scheduled routinely with the responsible clinician when the abnormal monitoring was noted.
- On the last day of our inspection we found that three staff members had received an appraisal since our second day of inspection. The appraisal system was reliant on individual staff members appraising themselves then making an appointment with their manager for completion. There was no system in place where the appraiser commented on staff performance. The lead GP told us that they would consider disciplinary action against a staff member if they had not completed their self-appraisal or made an appointment. The system of appraisal was not effective.
- The practice did not have a system in place to check the professional registration of clinical staff relevant professional regulatory body were current and valid. However, we checked and found all clinical staff at the practice were registered with the relevant professional regulatory body and currently met the requirements of professional revalidation where necessary.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice could not locate up to date records of skills, qualifications and training for all staff. We were therefore not assured that the staff at the practice had been appropriately trained to meet the needs of patients. On the last day of our inspection we found that the practice had subscribed to an online training facility and non-clinical staff had started online training to cover mandatory training requirements set by the practice. The interim practice manager had started developing a training matrix. Staff told us that they were encouraged and given opportunities to develop. However, the practice did not participate in the protected time learning activities organised by the CCG. After our inspection, the lead GP wrote to us and told us that the practice planned to participate in the protected time learning activities on 18 October 2018.
- During our inspection, we were aware of instances where disciplinary actions were being progressed against staff members. We were not shown any documentation or policy concerning disciplinary actions for example staff entitlement to representation, or made aware of the channels available for staff to 'Speak Up' confidentially about concerns relating to the practice including potential risk of harm to patients, the public or the environment.

Coordinating care and treatment

We reviewed how staff worked together and with other health and social care professionals to deliver effective care and treatment.

- During the first day of our inspection we saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. However, the practice was unable to provide evidence or assurance that multidisciplinary team meetings had taken place as part of their co-ordinated approach to care. On the final day of our inspection we were shown minutes of multi-disciplinary team meetings (MDT) held in 2018. These meetings were held three monthly. The minutes were comprehensive and noted specific discussions about vulnerable patients. Minutes were shared with the MDT.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

Inadequate

Are services effective?

- Patients received coordinated and person-centred care. This included when they moved between services, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The pathology services were able to share patient clinical information and results electronically.
- There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Care UK.

Helping patients to live healthier lives

We reviewed the arrangements for helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health. For example, by providing advice and support for healthy living, weight loss programmes, social activities including through social prescribing schemes (referring patients to a range of local, non-clinical services).
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

We reviewed the arrangements to obtain consent to care and treatment in line with legislation and guidance.

- The practice did not undertake any minor surgical procedures. However, it undertook joint injections. We did not see any evidence of a written or verbal consent for this procedure in the records we reviewed.
- Additionally, we found that the Lead GP's knowledge of the Mental Capacity Act (MCA) was limited. We did not see any evidence that they had undertaken any related training on MCA.

Please refer to the evidence tables for further information.

Requires improvement

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- The practice had not implemented the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).
- The practice had not evaluated the services it provided against the requirements of the Equality Act 2010 in relation to disability as for example specialised communication aids such as a hearing loop was not available.
- The practice did not have a system in place to identify patients who were carers. None had been identified and they did not offer any dedicated services aimed at carers.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- All the 21 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect and were comparable with the local and national data.
- Results from the new GP patient survey (GPPS) published 9 August 2018 showed the practice had continued to maintain positive patient feedback about being treated with compassion and dignity.

Please note the new survey scores are not comparable with the annual national GP patient survey scores in previous years due to the significant changes in the 2018 survey.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given) and were in the process of implementing the requirements. Interpretation services were available for patients who did not have English as a first language. The practice employed multilingual staff who could interpret with the patient's consent.

- Results from the patient survey were in line with national and local averages and showed how patients felt they were involved in decisions about their care and treatment.
- Results from the new GP patient survey (GPPS) published 9 August 2018 showed the practice had continued to maintain positive patient feedback on being involved in decisions about care and treatment.

Please note the new survey scores are not comparable with the annual national GP patient survey scores in previous years due to the significant changes in the 2018 survey.

- Staff communicated with patients in a way that they could understand; for example, a private room was available for more personalised communication with the hard of hearing or a patient with learning difficulty. Specialised communication aids, such as a hearing loop, were not available. The practice had not evaluated the services it provided against the requirements of the Equality Act 2010 in relation to disability.
- The lead GP informed us that they helped patients and their carers find further information and access community and advocacy services. However, the practice had not identified any patients who were carers within its population and at the time of the inspection and did not offer any dedicated services aimed at carers.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

We rated the practice as requires improvement for providing responsive services overall and across all population groups.

The practice was rated as requires improvement for responsive because:

- The practice website needed an update to make available a link to enable patients to access the Electronic Prescribing System (EPS) to request repeat medicines online.
- The practice could not locate their complaint policy and procedures nor any documentation that showed a log of complaints received and actions taken in the past 12 months as we were told these had been removed from the premises.

Responding to and meeting people's needs

- The practice told us that they offered online services such as the Electronic Prescribing System (EPS) for repeat prescriptions and advanced online appointments. We checked the practice website and although such services were offered the necessary links were not available making online services unworkable. The practice informed us that the website was under construction and such links would be restored within the next couple of weeks when this work was complete.
- The practice operated from a three-storey building. The top floor was used for administrative purposes only. Patient care was provided at ground level with two consultation rooms and on the first floor which was accessed by a stairway to the waiting area and to two consultation rooms. Although the practice told us that these patients were able to have consultations on the ground floor we found several instances parents with children in carrycots and people with mobility difficulties trying to negotiate the stairs with difficulty.
- There was a ground floor toilet with baby changing facilities. However, this toilet was not access enabled nor did it have an emergency pull cord. The practice told us that patients with limited mobility could access the onsite staff car park should they require parking. However, the practice had not evaluated the services it provided against the requirements of the Equality Act 2010 in relation to disability. On the final day of our inspection we found the toilet had been access enabled. Safety grab bars and an emergency call button had been installed.
- The practice provided care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.

Older people:

This population group was rated requires improvement for responsive because: Concerns related to complaints management and access to the Electronic Prescribing System (EPS) for repeat prescriptions found in the responsive domain affected this population group.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs accommodated home visits for those who had difficulties getting to the practice.
- The practice supported patients at a local care home. This included regular visits or telephone support as needed.

People with long-term conditions:

This population group was rated requires improvement for responsive because: Concerns related to complaints management and access to the Electronic Prescribing System (EPS) for repeat prescriptions found in the responsive domain affected this population group.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The lead GP told us that the practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. However, we did not see minutes of such meetings.

Families, children and young people:

This population group was rated requires improvement for responsive because: Concerns related to complaints management and access to the Electronic Prescribing System (EPS) for repeat prescriptions found in the responsive domain affected this population group.

Are services responsive to people's needs?

- The practice followed up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance.

Working age people (including those recently retired and students):

This population group was rated requires improvement for responsive because: Concerns related to complaints management and access to the Electronic Prescribing System (EPS) for repeat prescriptions found in the responsive domain affected this population group.

- The practice offered flexible appointments to maintain continuity of care. Face to face consultations were available on the day as well as pre- bookable appointments up to 14 days in advance.
- Telephone consultations with a GP were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to receive travel vaccinations available on the NHS.

People whose circumstances make them vulnerable:

This population group was rated inadequate for responsive because: Concerns related to complaints management and access to the Electronic Prescribing System (EPS) for repeat prescriptions found in the responsive domain and the lack of a register of patients living in vulnerable circumstances affected this population group.

- The practice did not hold a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients with a learning disability and other vulnerable patients.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia):

This population group was rated requires improvement for responsive because: Concerns related to complaints management and access to the Electronic Prescribing System (EPS) for repeat prescriptions found in the responsive domain affected this population group.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Patients had access to a mental health nurse hosted by the local mental health trust for care and support.
- The practice offered flexible appointments to ensure maximum uptake of mental health reviews.

Timely access to care and treatment

We reviewed the arrangements to access care and treatment from the practice within an acceptable timescale for their needs.

- The appointment system was responsive and the practice provided varied extended hours during the week.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Results from the patient survey showed patients satisfaction with how they could access care and treatment were comparable to local averages.
- Results from the new GP patient survey (GPPS) published 9 August 2018 showed the practice had continued to maintain positive patient satisfaction with how they could access care and treatment.

Please note the new survey scores are not comparable with the annual national GP patient survey scores in previous years due to the significant changes in the 2018 survey.

Listening and learning from concerns and complaints

We reviewed the arrangements for receiving and acting on complaints.

- A poster about how to make a complaint or raise concerns was available in the reception area. Detailed information in the form of a how to complain leaflet or information on the practice website was not available. The lead GP unformed us that they treated patients who made complaints compassionately and fully investigated the issues raised and provided feedback. However, the practice could not provide us with their

Requires improvement

Are services responsive to people's needs?

complaint policy and procedures nor any documentation that showed a log of complaints received in the past 12 months as we were told these had been removed from the premises.

- The lead GP informed us that the practice learned lessons from individual concerns and complaints and from analysis of trends. However, we were not shown any documentation to support this activity.
- On the last day of our inspection we saw that a new complaints policy was in place but did not contain any information about how to escalate a complaint to the parliamentary ombudsman in the event of dissatisfaction.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because:

- The practice lacked coordinated practice management and effective leadership in key areas such as policies and procedures, learning from incidents, significant events, infection control staff recruitment and checks, risk assessments and engagement with stakeholders such as the patient participation group (PPG) staff groups and the clinical commissioning group (CCG).
- A focused approach to quality and sustainability was not demonstrated. Documentation such as minutes or actions arising out of governance meetings and other practice meetings were not available.
- The lead GP had not exercised oversight over governance arrangements which had resulted in fragmented assurance on quality performance and practice management.
- Following a recent identification of a gap in practice management, a review of immediate needs had not been undertaken and consequently priorities had not been set with supporting business plans.

Leadership capacity and capability

We reviewed the capacity and skills to deliver high-quality, sustainable care.

- The lead GP was knowledgeable about issues and clinical priorities relating to the quality and future of services but informed us that he had devolved the related operational activities to the practice manager. However, at the time of the inspection, in the absence of the substantive practice manager, the practice management needed urgent attention. Overall, we identified a lack of effective operational management.
- Being a small team, the lead GP informed us that he was visible and approachable.
- On the final day of our inspection we noted that the interim practice manager did not have the knowledge to complete many aspects of the practice manager role. The interim practice manager and the lead GP told us that the CCG was providing support to bring practice management up to date. The lead GP told us that they would shortly confirm a new practice manager once the contractual issues with the current practice manager was resolved.

Vision and strategy

We reviewed the vision and values and strategy of the practice.

- While the lead GP described a vision to provide high quality and compassionate care we found no supporting strategy to deliver the stated objectives. For example, the practice management activities needed urgent attention. This included reviewing key areas such as a review of policies and procedures learning from incidents, significant events and engaging with stakeholders such as the CCG.
- Following a recent gap in practice management, a review of immediate needs had not been undertaken and consequently priorities had not been set with supporting business plans.
- Staff we spoke with were committed to providing a positive patient experience but some expressed concern at the management style of the lead GP.
- The practice planned its services to meet the needs of the practice population. For example, the practice took account of the specific cultural needs of a predominantly Asian population.

Culture

We reviewed the practice culture to deliver sustainable care.

- The culture at the practice appeared one of fear and recriminations. Staff spoken with were not prepared to open with us about the management and leadership at the practice. There were no channels for staff to 'Speak Up' confidentially about concerns relating to the practice including potential risk of harm to patients, the public or the environment.
- As we were unable to review the complaints received investigated and acted upon, we could not make a judgement if openness, honesty and transparency were demonstrated when responding to incidents and complaints nor the systems to ensure compliance with the requirements of the duty of candour.
- During the inspection the practice could not provide details or records of the arrangements for providing staff with their development needs. This included the arrangements for appraisal and career development conversations.
- Staff felt they were treated equally but they had not received equality and diversity training.

Inadequate

Are services well-led?

Governance arrangements

We reviewed the responsibilities, roles and systems of accountability to support good governance and management.

- We were informed by the provider that key documents and policies had been removed from the premises by a previous employee and had these been in place, they would have provided evidence of compliance in many areas. We are not investigating this matter and are only able to comment on our findings at the inspection over the duration of the three days of the inspection.
- We did find that there was an absence of many documents and the provider, over the course of the inspection, had made some progress in replacing those that were missing. When we inspected in 2015, there was no evidence that documents were missing and the practice was rated as good overall.
- However, despite being advised of the absence of these documents, the governance of the practice was ineffective as we found other evidence that indicated that governance was not a priority. These included observations of the cleanliness of some areas of the practice, unsafe recruitment processes, prescription forms not being stored securely, the system for acting on test results in a timely way, fridge temperature monitoring, the identification of carers and providing effective care and treatment in line with NICE guidance. These issues indicated a systematic lack of governance and an ineffective system to identify and manage risks. In summary we found that structures, processes and systems to support good governance and management were not evident.
- While staff understood their responsibilities and accountabilities in respect of safeguarding, initially the practice could not provide a current version of their safeguarding policies and procedures though these were made available during the final day of our inspection.
- There were significant shortfalls in relation to premises, equipment, staff competencies, staff immunisations and infection control and prevention.
- On the last day of our inspection we were shown copies of new policies that had been introduced. While some of these were comprehensive (safeguarding and infection control) others were basic (the significant event policy only contained information re non-clinical events).
- Policies, procedures and activities to ensure safety and assurance that they were operating as intended were not evident.
- Furthermore, we found that practice systems lacked effective oversight and operational management in areas.

Managing risks, issues and performance

We reviewed the processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety required considerable strengthening.
- The practice had processes to manage current and future clinical performance through periodic review of QOF performance.
- There were no systems to demonstrate the performance of employed clinical staff for example through audit of their consultations and referral decisions.
- The lead GP told us that they had oversight of national and local safety alerts, incidents, significant events, and complaints. However, we were not shown any documentation to support this oversight.
- While the practice took part in monitoring activities coordinated by the CCG for example the monitoring of antimicrobial prescribing there was no other quality improvement activities including clinical audits to improve quality.
- The practice could not evidence plans and staff training for major incidents.

Appropriate and accurate information

We reviewed the information available to manage the quality and sustainability of services provided.

- Staff we spoke with and the lead GP told us that quality and sustainability were discussed regularly. However, we did not see any documentation such as minutes or actions arising out of these meetings to validate such discussions and actions.

On the final day of our inspection we were shown minutes of multi-disciplinary team meetings (MDT) held in 2018. These clinical meetings were held three monthly. The minutes were comprehensive and noted specific discussions about vulnerable patients. Minutes were

shared with the MDT. However, there were no other minutes of meetings available. For example, governance, staff and staff group meetings such as receptionist, nurses or practice meetings.

- The range of information used to monitor performance and the delivery of quality care was not clear as the practice could not provide any supporting evidence.
- The practice submitted data or notifications to external organisations as required.
- At the time of our inspection patient confidential data were being stored in cupboards on the top floor of the practice which was reserved for administrative purposes only. This room had a keypad controlled door. The interim practice manager told us that this room was locked when unattended. However, we noted that at times this door was not locked allowing potential access to patents and visitors who were on the second floor. Computers were secured with a NHS smart card. However, on the first day of our inspection and a few days after the lead GP informed us that confidential staff and management information files could not be traced. They told us that they had reported this event to the CCG.

Engagement with patients, the public, staff and external partners

We reviewed the arrangements to involve patients, the public, staff and external partners to support high-quality sustainable services.

- There was no system to engage a range of patients', staff and external partners' views. The patient participation group was not active.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment As a result of the breaches of the regulations and the risk this posed to patients, the Care Quality Commission decided to suspend the providers registration to carry out the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures, treatment of disease disorder or injury, under section 31 of the Health and Social Act 2008. This is because we believe that a person will or may be exposed to the risk of harm if we do not take this action. Section 31 of The Health and Social Care Act 2008 allows the Commission to make a decision under section 18 to suspend the registration or extend a period of suspension. A Notice of Decision was served on the provider on Thursday 27 September 2018 and the providers registration was suspended from 2pm the same day. The provider, who is a single-handed provider, is therefore unable to carry on the regulated activities for a period of four months at or from the following location, Dr Sivasailam Subramony (also known as Medina Medical Centre), 3 Medina Road, Luton, Bedfordshire LU4 8BD. The provider is no longer providing care or treatment from Dr Sivasailam Subramony (also known as Medina Medical Centre), 3 Medina Road, Luton, Bedfordshire LU4 8BD. Other arrangements have been put in place to provide services to patients at the surgery.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance As a result of the breaches of the regulations and the risk this posed to patients, the Care Quality Commission

This section is primarily information for the provider

Enforcement actions

decided to suspend the providers registration to carry out the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures, treatment of disease disorder or injury, under section 31 of the Health and Social Act 2008. This is because we believe that a person will or may be exposed to the risk of harm if we do not take this action.

Section 31 of The Health and Social Care Act 2008 allows the Commission to make a decision under section 18 to suspend the registration or extend a period of suspension. A Notice of Decision was served on the provider on Thursday 27 September 2018 and the providers registration was suspended from 2pm the same day. The provider, who is a single-handed provider, is therefore unable to carry on the regulated activities for a period of four months at or from the following location, Dr Sivasailam Subramony (also known as Medina Medical Centre), 3 Medina Road, Luton, Bedfordshire LU4 8BD. The provider is no longer providing care or treatment from Dr Sivasailam Subramony (also known as Medina Medical Centre), 3 Medina Road, Luton, Bedfordshire LU4 8BD. Other arrangements have been put in place to provide services to patients at the surgery.