

Dr Gangadhar Duddukuri

Inspection report

Burscough Health Centre
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Ormskirk
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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?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr. Gangadhar Duddukuri's practice on 18 December 2018 as part of our inspection programme to see whether the breaches we identified at our previous inspection on 18 June 2018 had been addressed.

At the last inspection in June 2018 we rated the practice as **requires improvement** for providing safe and well-led services because:

- Fridge temperatures increased the risk of vaccines being damaged and patients were put at risk.
- There was no accountable person for infection control and prevention and an audit had not been carried out since November 2016.
- Staff had not received training in awareness of sepsis and clinical staff were unfamiliar with best practice management protocols. We also saw no evidence of the required equipment for the management of suspected sepsis.
- Recruitment processes had not been followed and were lacking.
- Not all staff who had chaperone duties had undertaken a criminal record check.
- There was no documentation to demonstrate joint working or multidisciplinary care coordination.
- The practice did not have a strategy or business plan to make improvements.

At this inspection, we found that the provider had addressed the majority of these areas, however we identified further areas of concern.

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 practice as **requires improvement** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe. There was no management oversight of staff training, vaccination status or membership of professional bodies. Risk assessment processes were incomplete.
- The management of infection prevention and control was incomplete; there had been no full infection prevention and control audit carried out since November 2016.
- The documentation of significant incidents in the practice was not comprehensive; there was no ongoing summary of incidents.
- Records of discussion of patient safety alerts and guideline changes were not kept.

We rated the practice as **requires improvement** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment. There was little evidence of reflective practice by clinicians or quality improvement activity.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- There was limited evidence clinical learning was shared.

We rated the practice as **requires improvement** for providing well-led services because:

- Leaders could not always show they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by any strategy for its delivery. There was no succession or business plan for the future development of the practice.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

Overall summary

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.

(Please see the specific details on action required at the end of this report).

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

- Improve the documentation of patient complaints, including for verbal complaints.

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

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Dr Gangadhar Duddukuri

Dr Gangadhar Duddukuri (also known as Burscough Family Practice) is situated in a residential area of Burscough and occupies the purpose-built Burscough Health Centre, Stanley Court, Burscough, Lancashire at L40 4LA along with a neighbouring GP practice. Information on services offered can be found on the practice website at

The practice delivers services under a general medical services (GMS) contract with NHS England to 2768 patients, and is part of the NHS West Lancashire Clinical Commissioning Group (CCG).

The provider is registered with CQC to deliver the regulated activities: treatment of disease, disorder or injury, maternity and midwifery, diagnostic and screening procedures and surgical procedures.

The practice is staffed by one male GP (the provider) and one female long-term locum GP. The GPs are assisted by a practice nurse and a healthcare assistant. Clinical staff are supported by a practice manager and four other

administrative and reception staff. Further assistance to the practice is provided by a medicines optimisation support manager employed by the CCG who manages a team of CCG medicines co-ordinators.

The average life expectancy of the practice population is in line with both CCG and national averages for males (80 years) and for females (83 years). The practice caters for a higher percentage of patients over the age of 65 years (27.9%) compared to the local (21.9%) and national (17.1%) averages. The percentage of patients under the age of 18 years is lower at 16.2% compared to the local average of 18.9% and national figure of 20.8%.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Outside normal surgery hours, patients are advised to contact the local out of hour's service, accessed by phoning NHS 111.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures 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 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 both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles. The provider had not ensured that all staff were appropriately trained in the management of risks associated with patient and staff safety such as fire safety, infection prevention and control and information governance. The provider had not assured themselves of clinician vaccination status, membership of professional bodies and medical indemnity. Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out: The provider had not assessed the suitability of staff working conditions for new staff. There had been no full infection prevention and control audit since November 2016. There was no audit of patient consent to care and treatment. 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: The provider had not assured themselves that risks identified by the premises fire risk assessment had been mitigated. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures 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</p>

This section is primarily information for the provider

Requirement notices

requirements to demonstrate good governance: There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients. The provider had not assured themselves the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were operating effectively, in particular in relation to premises risk assessments and staff training. The policy for significant events and incident reporting was not operating effectively; documentation was not comprehensive and there was no ongoing summary of events. Documentation of clinical discussion was limited and did not demonstrate shared learning. There was a lack of evidence for ongoing reflection on the quality of care provided or other quality improvement activity. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.