Dr Kodaganallur Subramanian

Quality Report

The Surgery
1 Harlow Road
Rainham
Essex
RM13 7UP
Tel: 01708 552072
Website:

Date of inspection visit: 23 October 2017
Date of publication: 09/02/2018

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 service	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires improvement**

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 11

Detailed findings from this inspection

Our inspection team 12

Background to Dr Kodaganallur Subramanian 12

Why we carried out this inspection 12

How we carried out this inspection 12

Detailed findings 14

Action we have told the provider to take 26

Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kodaganallur Subramanian on 20 December 2016 and 24 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the December 2016 and January 2017 inspections can be found by selecting the 'all reports' link for Dr Kodaganallur Subramanian on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 23 October 2017. Overall the practice is now rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an effective system for reporting, recording, investigating and learning from significant events. However, two recent incidents had not been investigated in a timely manner.
- There was an ineffective system for reviewing and cascading safety alerts.
- Improvements to risk management had been made. However, some risks to patients, staff and visitors were not adequately assessed and well managed.
- There had been improvements in arrangements to deal with emergencies and major incidents.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) demonstrated a positive change in patient outcomes. However, further improvements were still required to benefit patients.
- Some new staff members had not completed necessary training including Safeguarding, chaperoning and equality and diversity.
- The practice followed up patients recently discharged from hospital and had worked with other health care professionals when necessary to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to book appointments with a named GP and there was continuity of care, with urgent appointments available the same day.
- Improvements to governance arrangements at the practice had taken place. However, further improvements to risk assessment, governance and management were found to be required.
- There was a clear leadership structure and staff felt supported by management. The practice gathered feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are;

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- 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;

- Record the daily visual checks of the cleanliness of the practice environment.
- Increase uptake of childhood immunisations.
- Consider installing a hearing loop for patients who are hearing aid users.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- The practice had not identified, recorded and investigated two significant events.
- Some risk assessments had been completed, however, the practice had not conducted a Control of Substances Hazardous to Health assessment (COSHH) but not all recommended actions had been carried out.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- There were systems, processes and practices to help keep patients safe and safeguarded from abuse. However, some new staff members had not completed safeguarding children training relevant to their role.
- Improvements to risk management had been made. However, some risks to patients, staff and visitors were not adequately assessed and well managed.
- There was an ineffective system for reviewing and cascading safety alerts.
- There had been improvements in arrangements to deal with emergencies and major incidents.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) demonstrated a positive change in patient outcomes. However, further improvements were still required to benefit patients.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was some evidence of appraisals and personal development plans for staff. Some recently employed staff records we looked at contained no details of any appraisal being carried out or had a date scheduled.

Summary of findings

- Staff worked with other health care professionals as necessary to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Survey information we reviewed showed patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice supported patients who were also carers and had identified 18 which represented 1% of the practice population.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice maintained good local knowledge and awareness of the needs of its local patient population and used this understanding to meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Home visits were available for patients who were not able to visit the practice.
- All the patient feedback we received indicated they found it easy to book appointments with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

Summary of findings

- Improvements to governance arrangements at the practice had taken place. However, further improvements to risk assessment, governance and management were found to be required.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, policies still needed updating and personalising to the practice
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice valued feedback from patients, the public and staff.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital to help ensure that their care records were updated to reflect any additional needs.
- Patients over the age of 75 years had a designated GP to oversee their care and treatment requirements.
- Practice staff visited patients who lived in local residential homes when required as well as annually to review their needs and provide annual influenza immunisations.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 75% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with

Summary of findings

the local CCG average of 74% and national average of 80%. 77% of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 74% and national average of 80%.

- The practice followed up on patients with long-term conditions discharged from hospital to help ensure that their care records were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care when required.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Childhood immunisation rates for the vaccines given to children under two years of age were below the national averages.
- All the patient feedback we received indicated that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the local CCG of 82% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Although patients with learning disabilities were not routinely offered longer appointments by the practice, staff confirmed that the clinicians always gave enough time to these patients, overrunning appointment times whenever necessary.
- The practice worked with other health care professionals when required in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice supported patients who were also carers and had identified 18 which represented 1% of the practice population.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

- Performance for mental health related comparable to CCG and national scores. For example, 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to both the local clinical commissioning group (CCG) average of 81% and national average of 80%. We looked at a random sample of these patients' records which confirmed this. 100% the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 90%. This was an increase of 33% over the 2015/2016 figures. 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average and national averages of 91%.
- The practice worked with multi-disciplinary teams when required in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had information available for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing above local clinical commissioning group (CCG) averages. Two hundred and eighty six survey forms were distributed and 102 were returned. This represented 5.6% of the practice's patient list.

- 87% of respondents described the overall experience of their GP practice as fairly good or very good which was better than the local CCG average of 79% and national average of 85%.
- 97% of respondents described their experience of making an appointment was good which was significantly better than the local CCG average of 69% and national average of 73%.
- 75% of respondents said they would definitely or probably recommend the GP practice to someone who has just moved to the local area which was better than the local CCG average of 70% and the national average of 77%.

We received 15 patient comment cards, all of which were positive about the service patients experienced at Dr Kodaganallur Subramanian. Two comment cards contained both positive and negative comments. However, there was no common theme to the negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. They also said they were always able to book an appointment that suited their needs.

We received four staff comment cards which were positive about the services provided by the practice and about working at the practice.

We spoke with four patients, two of whom were members of the Patient Participation Group (PPG) during the inspection. They all said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also stated they were always able to book an appointment that suited their needs.

Dr Kodaganallur Subramanian

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser, and a practice nurse specialist adviser.

Background to Dr Kodaganallur Subramanian

Dr Kodaganallur Subramanian is a GP practice in the London Borough of Havering, to the east of London. The practice is part of the London Borough of Havering Clinical Commissioning Group (CCG) and provides primary medical services through a General Medical Services (GMS) contract with NHS England to around 1800 patients.

The practice is housed within a converted, two storey, semi-detached house in a residential area. The practice is easily accessible by local buses. It does not have a car park, however there is permit free parking on surrounding streets. The practice consists of two consulting rooms (one on each floor), reception and waiting area, a toilet and office.

The practice's age distribution data shows a higher than average number of patients aged 75 to 85 years and above. At 78 years for men and 83 years for females the average life expectancy is similar to the national average of 79 years for males and 83 for females. The practice locality is in the fifth less deprived decile out of 10 on the deprivation scale.

Clinical services are provided by one GP (male, nine sessions) and one practice nurse (female, one session). At the time of our initial visit the practice did not have a permanent practice manager, although there was an interim practice manager in post. Administrative roles were shared between the GP, one full time and one part time receptionist/administrator.

The practice opens at 9am every week day and closes at 7pm on Monday and Wednesday, 6.30pm Tuesday and Friday and 1pm on Thursday. The practice does not open at weekends. Surgery times are from 9am to 12.30pm and then 2.30pm to 6.30pm every day except Thursday when there is no afternoon surgery. Extended hours operate on Monday and Wednesday from 6.30pm to 7pm. Outside of these hours services are provided by the practice's out of hours provider.

The practice is registered to carry out the following regulated activities: Treatment of disease, disorder or injury and Diagnostic and screening procedures from 1 Harlow Road, Rainham, Essex RM13 7UP.

Why we carried out this inspection

We undertook an announced comprehensive inspection of Dr Kodaganallur Subramanian on 20 December 2016 and 24 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

Detailed findings

The full comprehensive report on the December 2016 and January 2017 inspections can be found by selecting the 'all reports' link for Dr Kodaganallur Subramanian on our website at www.cqc.org.uk.

We undertook an announced comprehensive follow up inspection on 23 October 2017 to check that action had been taken to comply with legal requirements. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew.

We carried out an announced visit on 23 October 2017. During our visit we:

- Spoke with a range of staff (one GP, practice manager, practice nurse and three administration/reception staff) and four patients who used the service, two of whom were also members of the patient participation group.
- Observed how patients were being cared for in the reception area.
- Reviewed an sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

At our previous inspections on 20 December 2016 and 24 January 2017, we rated the practice as inadequate for providing safe services.

- The system for reporting and recording significant events was not effective.
- Systems and processes did not support the sharing of lessons to make sure action was taken to improve safety in the practice.
- There was limited evidence to demonstrate that when things went wrong patients routinely received reasonable support, truthful information, and a written apology or that they were told about any actions to improve processes to reduce the likelihood of the same thing happening again.
- The practice had some processes in place to keep patients safe and safeguarded from abuse, however these were ineffective and not supported by clearly defined and embedded systems, processes and practices.

The practice demonstrated they had addressed many of these issues when we undertook a follow up inspection on 23 October 2017, however, further improvement is still required. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology in a timely manner and were told about any actions to improve processes to help prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that investigations were usually carried out in a timely manner, lessons were usually shared and action was taken to improve safety in the practice. We were told, however, of an incident on 27 September 2017 when a needle had been left on top of a sharps bin and which had not been discussed at the time of our visit on 23 October 2017. The same applied to a vial of flu vaccine which had been found (on 29 September 2017) out of the vaccine fridge. It was not known how long it had been out of the fridge and, again, it had not been discussed at the time of our inspection visit.

Overview of safety systems and processes

There were systems, processes and practices to help keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and other guidance documents were accessible to all staff. The policies and other documents clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but three staff members, who had started since the December 2016 and January 2017 inspections had not received training on safeguarding children. However, the practice confirmed the training was completed following the inspection. The GP was trained to child safeguarding level three.
- Not all staff had received mandatory training in equality and diversity, mental capacity act, chaperoning or health and safety.
- A notice in the waiting room advised patients that chaperones were available if required. We were told that none of the staff who acted as chaperones were trained for the role, had received a Disclosure and Barring Service (DBS) check or been risk assessed in terms of them being used in this role without DBS clearance. (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). We were told that the interim practice manager, who did carry out chaperoning, had received a DBS check at another practice but they were unable to recollect if they had been trained for the role.

Requires improvement

Are services safe?

- We observed the premises to be clean and all areas accessible to patients were tidy. There were written cleaning schedules that indicated the frequency and method of domestic cleaning (including cloth curtains) to be carried out in the practice. Staff told us they carried out daily visual checks of the cleanliness of the practice environment. However, there were no records to confirm this. A spillage kit was available in the practice so that staff could respond adequately to any spillage of body fluids. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control protocol and all clinical staff had received up to date infection prevention and control training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient group directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed four personnel files but found no references on file for two of the recently employed staff members. Records showed qualifications and registration with the appropriate professional body had been carried out by the practice prior to employment of clinical staff.

Monitoring risks to patients

Risks to patients, staff and visitors were not always assessed and well managed.

- The system to act on Medicine and Healthcare products Regulatory Agency (MHRA) alerts was not effective. We were told that the practice manager received alerts and, if considered relevant, passed them on to clinical staff. These alerts were not being recorded on a log and there was no evidence of searches being routinely undertaken to identify patients at risk or follow up to see whether the alert had been dealt with. We were only able to see evidence of one alert, issued on 6 September 2017 which referred to disposable batteries.
- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster available and a health and safety risk assessment had been carried out in June 2017. All staff members we spoke with knew who the local health and safety representative was.
- The practice had completed a fire risk assessment in June 2017. Not all items noted for action had been completed including implementation of a fire evacuation policy or procedure. Fire training (including a fire drill) had been carried out in September 2017.
- PAT testing and equipment calibration had been completed in June 2017 to help ensure the equipment was safe to use and clinical equipment was working properly.
- The practice was unable to demonstrate they had carried out a control of substances hazardous to health risk assessment. However, all areas where we found cleaning fluids were not accessible to patients.
- An annual gas safety inspection had been carried out in June 2017 but we could find no evidence of the five yearly electrical safety check being carried out.
- Records showed a legionella risk assessment had been carried out in June 2017 (legionella is a germ found in the environment which can contaminate water systems in buildings). However, we could find no evidence of the recommendations for monthly recording of water temperature at hot and cold outlets being implemented.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies.

- There was an instant messaging system on the practice computers which could alert staff to any emergency.
- All staff had received basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to

medical oxygen and an automated external defibrillator (AED) together with defibrillation pads that were within their expiry date (used to attempt to restart a person's heart in an emergency).

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff told us emergency equipment and emergency medicines were checked. We saw that there was a system that monitored the expiry dates of emergency equipment and emergency medicines. Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a business continuation contingency plan and a disaster recovery document for major incidents such as power failure or building damage it also contained the contact details of staff and major suppliers.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspections on 20 December 2016 and 24 January 2017, we rated the practice as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were below average compared to the national average.
- Patient outcomes were hard to identify as minimal reference was made to audits or quality improvement. There was little evidence that the practice was comparing its performance to others; either locally or nationally.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any extra training that may be required.
- The practice could not demonstrate role-specific training, for example, for nurses reviewing patients with long term conditions.

These arrangements had improved when we undertook a follow up inspection on 23 October 2017. However, further improvement is still required. The provider is rated as requires improvement for providing effective services.

Effective needs assessment

Clinical staff told us they regularly discussed current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, in order to establish its relevance for application to patient assessment and care in the practice.

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2016/2017 were 88% of the total number of points available which was below the clinical commissioning group (CCG) average of 94% and the national average of 96%. This was better than the figures achieved in 2015/2016 when they achieved 77% of the total points available. The exception reporting rate was 7% which was lower than both the CCG average of 10% and the national average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).. However, we were told by the lead GP that patient care came before financial reward. We saw no clinical concerns around the management of the patients

Data from 2016/2017 showed:

- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 75% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 74% and national average of 80%. 77% of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 74% and national average of 80%.
- Performance for mental health related indicators were comparable to CCG and national averages. For example, 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to both the local clinical commissioning group (CCG) average of 81% and national average of 80%. We looked at a random sample of these patients' records which confirmed this. 100% the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 90%. This was an increase of 33% over the 2015/2016 figures. 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average and national averages of 91%.
- Other performance indicators were comparable to the local CCG and national averages. However, the percentage of patients with coronary obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness

Requires improvement

Are services effective?

(for example, treatment is effective)

using the Medical Research Council dyspnoea scale in the preceding 12 months was 30% (CCG average 88%, national average 90%). The practice was unable to account for this.

There was some evidence of clinical audits driving quality improvement.

- Staff told us the practice had completed a two cycle consultation audit to determine why consultations were taking more than 10 minutes and whether there was anything that could be done to reduce this. The practice had analysed the results, which showed consultation times ranging from 16 minutes to 32 minutes, and implemented an action plan to address its findings and improve the consultation times. This included reducing opportunistic reviews, blood pressure readings, etc. The receptionists now ascertained whether a double appointment or nurse appointment is more appropriate. The second cycle showed that these measures had been successful in reducing the average consultation time.
- Other clinical audits had been carried out but not yet taken to a second cycle. For example, an atrial fibrillation audit. The practice had analysed the initial results and implemented an action plan to address its findings but had not yet taken it to a second cycle.

Effective staffing

Not all staff had the skills, knowledge and experience to deliver effective care and treatment.

- Since the 20 December 2016 and 24 January 2017 inspections, many of the staff were newly employed. The practice had an induction programme for all newly appointed staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and attending update training.
- The practice nurse had begun working at the practice after our inspections of 20 December 2016 and 24 January 2017. Although involved in the management of long term conditions, we were unable to see evidence of training in the management of certain long term conditions e.g. diabetes or COPD. We were also unable to see evidence of training in cervical cytology.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, we could not see evidence of planned appraisals for new staff members. Most of the new staff had not received training in equality and diversity, mental capacity act, child safeguarding, chaperoning or health and safety.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, medical records and investigations and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place when necessary and that care records were routinely reviewed and updated. We saw records that confirmed this.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Although not formally trained, staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Requires improvement

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the local CCG average of 82% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice results ranged from 79% to 83%. These measures can be aggregated and scored out of 10, with the practice scoring 8.1 (compared to the national average of 9.1). The practice was aware of these figures and was trying to raise its performance in this area with a more pro-active approach to recalls.

Good

Are services caring?

Our findings

At our previous inspections on 20 December 2016 and 24 January 2017, we rated the practice as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example with regards to feeling listened to and involved in decisions about their care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt listened to.
- Patients who were carers were not adequately supported to identify themselves to the practice.
- Patients were not made aware of the translation service.

These arrangements had improved when we undertook a follow up inspection on 23 October 2017 and the provider is now rated as good for providing effective services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private area was available should a patient wish to discuss any issues.

We received 15 patient comment cards, all of which were positive about the service patients experienced at Dr Kodaganallur Subramanian. Two comment cards contained both positive and negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. They also said they were always able to book an appointment that suited their needs.

We received four staff comment card which were all positive about the services provided by the practice and about working at the practice.

We spoke with four patients during the inspection including two who were members of the Patient Participation Group (PPG). The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also stated they were always able to book an appointment that suited their needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and national average of 89%.
- 84% of respondents said the GP gave them enough time (CCG average 83%, national average 86%).
- 93% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 89% of respondents said the nurse gave them enough time (CCG average 91%, national average 92%).
- 96% of respondents said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).
- 94% of respondents said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to than local and national averages. For example:

Good

Are services caring?

- 82% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 77% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%).
- 88% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 89%, national average 90%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice supported patients who were also carers. The number of carers recorded was 18 which represented 1% of the practice population. The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them.

The comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspections on 20 December 2016 and 24 January 2017, we rated the practice as requires improvement for providing responsive services.

- The practice had good facilities, although it did not have a hearing loop. It was equipped to treat patients and meet their needs.
- Information about how to complain was not readily available. The practice did respond to issues raised, however learning from complaints was not shared with staff in an organised and effective way.

These arrangements had improved when we undertook a follow up inspection on 23 October 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice continued to maintain good local knowledge and awareness of the needs of its local patient population. Staff told us they were engaging with NHS England and their local clinical commissioning group (CCG). The practice was aware of the issue of the inappropriate use of A&E at local hospitals. To improve patient education the practice regularly reviewed information received about its patients who had attended A&E recently. They contacted these patients to discuss the reason for their attendance and advise of a more suitable alternative source of treatment where appropriate. The practice also reviewed its rate of unplanned admissions to hospital and patients were seen soon after admission to ensure their needs were being met.

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- Patients with learning disabilities were offered longer appointments by the practice and staff told us that they always gave enough time to these patients, overrunning appointment times whenever necessary.
- Home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The premises were accessible to disabled patients, however there was still no hearing loop available we were told that staff took hard of hearing patients to a separate room so as to ensure confidentiality. They were also seeking advice from specialist consultants to see if a non-portable hearing loop could be fitted. A translation service was available.
- Staff told us that when patients registered with the practice they were advised that the practice currently only employed a male GP. Staff also told us that should patients wish to see a female GP they could be referred to another service where a female doctor would be available.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for non NHS vaccines which were then available privately.

Access to the service

Dr Kodaganallur Subramanian opened at 9am every week day and closed at 7pm on Monday and Wednesday, 6.30pm Tuesday and Friday and 1pm on Thursday. The practice did not open at

weekends. Surgery times were from 9am to 12.30pm and then 2.30pm to 6.30pm every day except Thursday when there was no afternoon surgery. Extended hours operated on Monday and Wednesday from 6.30pm to 7pm. Outside of these hours services were provided by the practices out of hours provider.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 91% of respondents said they were able to see or speak with someone the last time they tried compared to the local CCG average of 81% and national average of 84%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The patient or carer was contacted in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

At our previous inspections on 20 December 2016 and 24 January 2017 we found the practice's complaints process unclear in that staff had limited awareness as to the detail or process of dealing with complaints. We found it to be informal and not complying with NHS guidance. The practice now had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received one complaint during the last 12 months. Records demonstrated that the complaint was investigated, the complainant had received a response and the practice had reflected on their practice as a result of the complaint.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspections on 20 December 2016 and 24 January 2017, we rated the practice as inadequate for providing well-led services.

- The practice did not have a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were not clear about the vision and their responsibilities in relation to it.
- There was a leadership structure, however staff did not always feel supported by management. The practice had few policies and procedures to govern activity and what they did have was out of date and/or lacking in detail. Governance meetings were not held regularly and/or recorded.
- There was no overarching governance framework to support the delivery of the strategy and good quality care. There was limited evidence of arrangements to monitor and improve
- quality and identify risk.
- The provider had some awareness of the requirements of the duty of candour, however the systems and processes in place did not always support this. The GP encouraged a culture of openness and honesty. The practice had informal systems in place for notifiable safety incidents and this was not effective in ensuring information was shared with staff and that appropriate action was taken.
- At the time of our inspection the practice did not have a PPG. There was no evidence to demonstrate that the practice was proactive in seeking feedback from staff and patients, which it acted on.

These arrangements had improved when we undertook a follow up inspection on 23 October 2017. However, further improvement is still required. The provider is rated as requires improvement for providing well-led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice now had a statement of purpose which reflected the vision and values. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

Improvements to governance arrangements at the practice had taken place.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. There was also other written guidance to help inform staff of their governance responsibilities at the practice. For example, the complaints policy stated the practice manager was the Complaints Manager for the practice and the GP was the Responsible Person for the practice in relation to complaints.
- The practice had arrangements for business continuity in the event of the absence of any key member of staff or any unforeseen incidents or occurrences.
- Practice policies were implemented and were available to all staff. However some policies referred to other practices but this was rectified during the course of the inspection.
- The practice was able to demonstrate some evidence of clinical audits driving quality improvement. There was one completed audit and a plan for the second cycle of other audits.
- There were some arrangements for identifying, recording and managing risks, for example, the practice had undertaken risk assessments for fire safety and legionella. However, there was no evidence of the practice following the recommendations and implementing mitigating action.
- The system to act on Medicine and Healthcare products Regulatory Agency (MHRA) alerts was not effective. We were told that the practice manager received alerts and, if considered relevant, passed them on to clinical staff. These alerts were not being recorded on a log and there was no evidence of searches being routinely undertaken to identify patients at risk or follow up to see whether the alert had been dealt with. We were only able to see evidence of one alert, issued on 6 September 2017 which referred to disposable batteries.
- The Information Governance Tool Kit (which requires annual completion by 31 March each year) had not been submitted since 2008.

Leadership and culture

On the day of inspection the GP told us they prioritised high quality and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The provider was now aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP encouraged a culture of openness and honesty.

The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology in a timely manner.
- The practice kept written records of correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice now held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the GP.

Seeking and acting on feedback from patients, the public and staff

The practice valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the newly formed patient participation group (PPG) and by carrying out analysis of the results from the GP patient survey as well as results from the NHS Friends and Family Test.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

Continuous learning and improvement at all levels within the practice was now being understood by all staff members. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.

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 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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment. In particular: • Failing to action recommendations of the fire safety and legionella assessment. • Failing to identify, record and investigate significant events in a timely manner. • Failing to provide evidence of a completed control of substances hazardous to health risk assessment (COSHH). • There was an ineffective system for reviewing and cascading safety alerts. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Failure to action recommendations from fire safety and legionella assessments. • There was an ineffective system for reviewing and cascading safety alerts.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person did not have effective systems in place to ensure that recruitment procedures and policies are established and operated effectively. In particular: • The members of staff employed by the registered provider did not receive such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out their duties. In particular: Staff training for Safeguarding, Chaperoning, Equality and Diversity, Mental Capacity Act. This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014