

Dr Selvaratnam Kulendran

Inspection report

**13-15 Chase Cross Road
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Essex
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Dr Selvaratnam Kulendran practice on the 10 July 2017. At this inspection we rated the practice as good overall and for the key questions of safe, effective, caring and responsive with the exception of well-led which we rated requires improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Dr Selvaratnam Kulendran on our website at www.cqc.org.uk.

We carried out an announced focused inspection at Dr Selvaratnam Kulendran practice on the 22 May 2018. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm whether the practice was providing a well-led service and was now meeting legal requirements.

The key questions are rated as:

- The overall rating for the service is Good.
- Are services well-led? - Good

At this inspection we found:

- We found the provider had a clear vision and a mission statement that was patient focused and informative.

- The practice used information about care and treatment from the Quality Outcomes Framework to make improvements.
- Clinical staff had completed clinical audits.
- The practice had a patient participation group (PPG) with six members and had held one group meeting on the 23 March 2018. The meeting had agreed terms of reference. The meeting had discussed the recent report from Havering Healthwatch and what actions the provider should take.
- Staff were clear on their roles and accountabilities.
- The practice manager had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice had carried out a series of patient surveys, looking at the work of the doctor, the nurse and the reception staff which they had collated, reviewed and where appropriate implemented actions for improvement.
- The practice had sought, reviewed and taken action on patient feedback.

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

Population group ratings

Our inspection team

Our inspection was carried out by a CQC inspector

Background to Dr Selvaratnam Kulendran

Dr Selvaratnam Kulendran surgery is also known as Chase Cross Medical Centre and is located in Romford in Essex. The practice is commissioned by Havering Clinical Commissioning Group (CCG) to provide general medical services to approximately 5,954 patients.

The practice is a single-handed GP practice and employs one salaried female GP and one female locum GP. The practice employs one practice nurse (female, 21 hours per week). There are five reception staff, two administrative staff and one practice manager.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. (Level one represents the highest levels of deprivation and level 10 the lowest.) The practice has a slightly higher proportion of patients with long-term conditions.

The practice opens each day at 8.30am and remains open Monday and Friday to 7.30pm, Tuesday and Wednesday to 7pm and Thursday to 6.30pm. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery. The GPs provide 19 sessions from Monday to Friday.

The practice is registered by the CQC to provide diagnostic and screening procedures, treatment of disease disorder and injury, maternity and midwifery services, family planning and surgical procedures. The provider informed us the practice does not carry out minor surgery procedures.

The practice runs a number of services for its patients including; chronic disease management, and new patient checks.

Are services well-led?

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

Governance arrangements

At the inspection of 10 July 2017, we found the provider had not ensured that the practice had effective systems and processes for good governance that were in accordance with the fundamental standards of care. This was specifically in relation to monitoring practice performance and introduction a programme of continuous quality improvement. The provider submitted an action plan on the 19 September 2017 to demonstrate how they would improve the service.

- At this inspection, we found the provider had a clear vision and a mission statement that was patient focused and informative. This included a goal to be as effective and efficient as possible in terms of the health care they provided and the business they ran. The provider had reviewed this with staff at the monthly practice meetings.
- The practice was an active member of the local GP network and therefore ensured the practice strategies were in line with health and social priorities across the region.
- The practice used information about care and treatment from the Quality Outcomes Framework to make improvements. For example, following lower scores in 2015/2016, the 2016/2017 practice scores for mental health were now comparable with other practices. (The Quality and Outcomes Framework (QOF) is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually.)
- The practice manager and the provider had attended quality improvement learning sets in the local CCG, and had implemented a change review to reduce complications for diabetic patients by 3%. For example, reductions in high blood pressure, and cholesterol. The review included diet, exercise, lifestyle and health education.
- The practice manager was one of the compliance leads for Havering CCG and planned to use their training to implement new ways of working at the practice, that if successful would be rolled out within the GP network.
- The GP completed a two-cycle audit review of diabetic patients in April 2018, that looked at the reasons

patients had not attended the local phlebotomy service for their blood tests. In response to their findings, the practice was in discussions with the local GP network about how improvements could be made to the phlebotomy service. However, the audit would have benefited from a more formal presentation.

- The practice manager had a system in place to ensure that staff completed the necessary training for their role annually. During the staffs appraisal the practice manager agreed a list of training for staff to complete in the forthcoming year, every month the practice manager checked each file to review what training was completed.
- Staff were clear on their roles and accountabilities.
- The practice manager had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Engagement with patients, the public, staff and external partners

At the inspection of 10 July 2017 we found the provider had not always sought and acted upon patient feedback. The provider submitted an action plan on 19 September 2017 that described the improvement they planned to implement.

- At this inspection, we found the practice had a patient participation group (PPG) with six members and had held one group meeting on the 23 March 2018. The meeting had agreed terms of reference. The meeting had discussed the recent report from Havering Healthwatch and what actions the provider should take.
- The practice also had a virtual group that the practice contacted by email to seek their views.
- The practice had carried out a series of patient surveys, looking at the work of the doctors and the nurse, which the practice manager had collated, reviewed and where appropriate implemented actions for improvement.
- The practice manager reviewed and replied to comments made on NHS Choices website, and offered the patient the opportunity to contact them and raise a complaint with the practice.
- The practice had a suggestion box in reception for patients to comment on the running of the practice.
- The practice manager explained the practice focused on the needs of patients.
- Staff stated they felt respected, supported and valued and stated they worked well as a team.

Are services well-led?

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice manager provided examples of how they had acted on behaviour and performance inconsistent with the mission statement.

Continuous improvement and innovation

- The practice manager had attended quality Improvement learning sets in the local CCG. They had implemented their learning within the practice and was one of the compliance leads for Havering CCG. They told us of how the provider had implemented a change of

practice for diabetic care and had reviewed how to reduce the number of patients that they exempted from the quality outcome framework and the number of appointments that patient did not attend.

- The GP and practice manager attended the local GP network to review ways of working with other practices to improve the patient experience.
- The practice manager explained the provider was in the process of trying to recruit further GPs into the practice.
- The provider had refurbished the reception area.

Please refer to the Evidence Tables for further information.