

Dr Sickan Subramaniam

Quality Report

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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 service

Good



Are services safe?

Good



Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sickan Subramaniam on 29 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Dr Sickan Subramaniam on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 22 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 29 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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Overall the practice is now rated as good.

Our key findings on 22 May 2017 were as follows:

- The practice had revised their recruitment procedures to include the requirement of pre-employment checks.

- Pre-employment checks had been received for all members of staff.
- The practice had improved their QOF performance.
- The practice had reviewed actions to improve care for patients experiencing poor mental health, and those with long term conditions, including the provision of care plans for all on the registers.
- The practice had secured the service of a long term female locum GP in order to provide a service for patients that preferred to see a female GP.
- The practice had provided evidence of completed two cycle audits that showed improvements had been made.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to review how it identifies patients with caring responsibilities to ensure information, advice and support is available to all.

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?

The practice is rated as good for providing safe services.

- The practice had revised their recruitment procedures to include the requirements of pre-employment checks.
- Pre-employment checks had been received from all members of staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had improved since the last inspection and were at or above average compared to the national average.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Sickan Subramaniam

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out a desk top based review of this service on 22 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was because the practice was not meeting some legal requirements during our previous visit on 29 April 2016.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our desk based review on 22 May 2017 we reviewed a range of information provided by the practice.

Are services safe?

Our findings

At our last inspection on 29 April 2016 we reviewed five personnel files but found that not all had evidence of satisfactory conduct in previous employment and induction checklists. We asked the provider to take action.

At our desk based review on 22 May 2017 we were provided with evidence confirming that appropriate

pre-employment checks were on file for staff. This included references for two members of staff that were previously missing from the file. We were also provided with an updated recruitment policy which stipulated that relevant pre-employment checks must be on file and included a recruitment checklist to ensure all relevant information was received.

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection on 29 April 2017 we reviewed the Quality Outcomes Framework (QOF) data from 2014-2015 and found the practice had achieved 89% of the total number of points available with an overall exception reporting figure of 2.62%. 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. The practice had excepted 67% of patients with cardio-vascular disease compared to the CCG

average of 41% and the national average of 30%. The practice explained that the lower figures were due to a sudden influx of new patients caused by a nearby practice closing. The practice were asked to consider ways to improve these figures.

The practice provided evidence of QOF for 2015-2016 for consideration at our desk based review on 22 May 2017. The evidence provided showed improvement throughout QOF with the practice achieving a total of 93% with a lower exception rate of 2.01%. In the 2015-2016 QOF figures the practice had achieved 100% of the points available for cardio-vascular disease with no exceptions recorded.