

Dr Kebalanandha Ramamurthie Naidoo

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	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		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 Kebalanandha Ramamurthie Naidoo's practice (also known as the Family Surgery) on 15 July 2015.

Overall the practice is rated as good.

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

- Urgent appointments were available the same day but not necessarily with a GP of their choice.
- The practice had good facilities including disabled access and was planning to install a lift to improve access to first floor consulting rooms.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles by having additional in house services available. These included visiting healthcare professionals such as a physiotherapist and dietician.

- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- The practice made good use of audits and had shared information from one of their audits with other practices to promote better patient outcomes.

However there were areas where the provider should make improvements.

Importantly the provider should:

- Consider reviewing patient feedback from other external sources.
- Ensure there is a monitoring system for the use of prescriptions used for home visits.
- Carry out regular fire drills.

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 good for providing safe services. The practice was able to provide evidence of a good track record for monitoring safety issues. When things went wrong, lessons were learned and improvements were made.

Whilst, there were systems, processes and practices in place that were essential to keep people safe including in the event of emergencies, some improvements in systems could be made. Staff were trained and aware of these systems.

Good



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at or above national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Good



Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. However, data from the National GP Patient Survey July 2015 showed that patients rated the practice slightly lower than others for several aspects of care compared to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active PPG. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges.

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 practice is rated good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits, even out of hours, if necessary as well as rapid access appointments for those with enhanced needs. The practice had daily contact with district nurses and participated in weekly meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. These patients had a six monthly review with either the GP and/or the nurse to check that their health and medication. Patients were encouraged to manage their conditions and were referred to health education and other in-house services such as a dietician.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place 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 A&E attendances. The practice met with a health visitor on a weekly basis to discuss any safeguarding issues as well as those children who had long term conditions. Immunisation rates were high for all standard childhood immunisations. The practice is part of a pilot scheme to prevent any unnecessary hospital admissions for children.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered a 'Commuter's Clinic' on Monday and Wednesday evenings until 8.30pm for those people who could not attend during normal opening hours. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 115 responses which is equivalent to 2.8% of the patient list) demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, including speaking to or seeing the same GP. For example:

- 42% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and national average of 60%.
- 78% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 88% and national average of 85%.
- 82% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 92% and national average of 89%.

The practice scored higher than average in terms of patients not being kept waiting long for their allocated appointments and patients found the receptionists helpful. For example:

- 86% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 75% and national average of 65%.
- 93% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and national average of 85%.
- 89% of respondents find the receptionists at this surgery helpful compared with a CCG average of 89% and national average of 87%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 (which is 1% of the practice patient list size) comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support. We also spoke with four members of the PPG who told us they could not fault the care they had received.

Dr Kebalanandha Ramamurthie Naidoo

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Dr Kebalanandha Ramamurthie Naidoo

Dr Kebalanandha Ramamurthie Naidoo's practice (also known as the Family Surgery) is located in a residential area of Birkdale. There were 4,116 patients on the practice list and the majority of patients were of white British background. The practice manager told us there were a higher proportion of children on the patient list compared with other practices in the area.

The practice is a training practice managed by a principal GP (male) with two GP assistants, and trainee GPs. There is one practice nurse, a practice manager, reception and administration staff. The practice is open 8am to 6.30pm Tuesday, Thursday and Friday with extended hours on a Monday and Wednesday until 8.30pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by GTD Healthcare.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example; extended hours.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 15 July 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and alarm systems connected to the local fire brigade. Staff received fire safety training and knew what to do in the event of a fire but had not recently carried out any regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Not all staff were aware of who the lead was. There was an infection control protocol in place and staff had received up to date training. The practice took part in annual external audits from the local community infection control team and acted on any issues where practical. The practice also monitored its use of antibiotics to ensure they were not overprescribing, to tackle antimicrobial resistance. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there had previously been systems in place to monitor their use but this system had lapsed. The provider assured us that doctor's doing home visits were signed in and out with a single prescription which was fully accounted for.
- Recruitment checks were carried out including DBS checks; however three files we sampled did not have sufficient references from previous employers on file. Staff advised us references had been requested at the time of their employment and the employer had seen these references.

Arrangements to deal with emergencies and major incidents

Are services safe?

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, not all staff knew about this.

Overall safety systems in place were good but the provider should consider the following to improve the safety systems in place:

- Ensure there is a monitoring system for the use of prescriptions used for home visits to prevent any misuse of prescriptions.
- Carry out regular fire drills so that staff can respond quickly in the event of a fire and ensure staff have access to and understand emergency plans.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought in line with legislation and guidance. 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81.2%, which was comparable with the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 83% to 100% and five year olds from 91.7% to 96.7%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was higher than the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health assessment and care was much higher than the national averages.
- The dementia diagnosis rate was much higher than the national average.

The practice could evidence quality improvement with 2 cycle clinical audits and all relevant staff were involved. The practice participated in local CCG audits such as antibiotic prescribing in residential homes. An example of good practice was that information from an atrial fibrillation audit was to be shared with other practices locally to improve treatment outcomes for these practices in the area and the practice were in the process of setting up a clinic to specifically treat patients with this condition.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.

All GPs were up to date with their yearly appraisals There were annual appraisal systems in place for all other members of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 43 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with four members of the PPG on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Data from the National GP Patient Survey July 2015 showed from 115 responses that performance in some areas was slightly lower than local and national averages for example,

- 82% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

However, the percentage of patients who found reception staff helpful was 89% which was in line with local (CCG) average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was part of a pilot scheme in the area to help reduce child attendance at A&E.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. One recent proposal to install an extra phone line to increase telephone access to the practice had been implemented.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice was planning to install a lift to improve access.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 73% compared to the CCG average of 77% and national average of 75%.

The practice was open from 8am to 6.30pm and offered extended hours on a Monday and Wednesday until 8.30pm for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been three formal complaints in the previous twelve months which had been dealt with.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.

- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example, reducing hospital admissions for children. The practice had achieved the Royal College of General Practitioners Quality Practice Award which is a measure of excellence.

The practice was aware of future challenges for example they were aware that there was a local housing development underway in the area. Hence there was the possibility of an increase in the number of new patients joining the practice in the future. The practice needed to take into account a potential increase in the migrant population.

Overall the service was well led but could improve by reviewing patient feedback from other external sources.