

# Dr Chandrika Ramu

## Quality Report

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Website: None

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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 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 Chandrika Ramu on 19 May 2015. Breaches of the legal requirements were found.

- Staff did not have a common understanding of what constituted a significant event and all significant events that took place had not been appropriately reported and recorded.
- Staff had not undertaken training in safeguarding children or vulnerable adults to the appropriate level.
- The practice was unable to demonstrate checks on the medicines held in the practice had been carried out and blank prescription forms were not always kept securely or tracked through the practice.
- The practice did not have a member of staff designated with lead responsibility of infection control. Staff had not been trained or undertaken audits to identify infection control risks at the practice. The practice had not considered the risks associated with legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice had not always undertaken recruitment checks prior to the employment of staff. The practice was unable to demonstrate that a risk assessment had been undertaken to determine the roles required to

have Disclosure and Barring Service (DBS) checks. (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).

- The practice was unable to demonstrate that emergency equipment and emergency medicines were checked on a regular basis. We found emergency equipment that was out of date.
- The practice was unable to demonstrate they had carried out a fire safety risk assessment and did not have a fire safety action plan. Staff had not received fire safety training and the practice was unable to demonstrate that regular fire drills were carried out.
- The practice had undertaken some clinical audits. However, information from the clinical audits did not clearly identify the findings or any subsequent changes that had been implemented as a result.
- The practice did not have a system to undertake other audits to monitor the quality and safety of the service.
- The practice did not have an established system for managing and mitigating risks in relation to the premises.
- The practice did not have an active patient participation group (PPG).

# Summary of findings

- The practice was unable to demonstrate that appraisals had been carried out for any of their staff.

Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook a focussed inspection on 14 April 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. At our focussed inspection on 14 April 2016, the practice provided records and information to demonstrate that some of the requirements had been met. However, breaches of the legal requirements were found.

- The practice had carried out a legionella risk assessment. However, were unable to demonstrate they were monitoring water temperatures from hot and cold water outlets or carrying out regular flushing of infrequently used water outlets.
- All staff had received a DBS check. However, the practice had failed to carry out other recruitment checks prior to the employment of staff.
- The practice was unable to demonstrate that all staff who acted as chaperones had received training for this role.
- The practice was unable to demonstrate that all staff were up to date with fire safety training.

- Records demonstrated emergency equipment and emergency medicines were checked on a regular basis. However, we found emergency equipment at the practice that was out of date.
- The practice had carried out clinical audits but were unable to demonstrate that these had led to improvements in the quality of patient care.
- The practice had undertaken risk assessments for fire safety and legionella. However, there were no formal arrangements for identifying, recording and managing risks or implementing mitigating actions.

Following the focussed inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 13 December 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the requirements had been met. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Chandrika Ramu on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

**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?

At our previous comprehensive inspection on 19 May 2015 the practice had been rated as requires improvement for providing safe services.

- Staff did not have a common understanding of what constituted a significant event and all significant events that took place had not been appropriately reported and recorded.
- Staff had not undertaken training in safeguarding children or vulnerable adults to the appropriate level.
- The practice was unable to demonstrate checks on the medicines held in the practice had been carried out and blank prescription forms were not always kept securely or tracked through the practice.
- The practice did not have a member of staff designated with lead responsibility of infection control. Staff had not been trained or undertaken audits to identify infection control risks at the practice. The practice had not considered the risks associated with legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice had not always undertaken recruitment checks prior to the employment of staff. The practice was unable to demonstrate that a risk assessment had been undertaken to determine the roles required to have Disclosure and Barring Service (DBS) checks. (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).
- The practice was unable to demonstrate that emergency equipment and emergency medicines were checked on a regular basis. We found emergency equipment that was out of date.
- The practice was unable to demonstrate they had carried out a fire safety risk assessment and did not have a fire safety action plan. Staff had not received fire safety training and the practice was unable to demonstrate that regular fire drills were carried out.

At our focussed follow-up inspection on 14 April 2016, the practice provided records and information to demonstrate that some of the requirements had been met. However, the practice had been rated as requires improvement for providing safe services.

Good



# Summary of findings

- The practice had carried out a legionella risk assessment. However, were unable to demonstrate they were monitoring water temperatures from hot and cold water outlets or carrying out regular flushing of infrequently used water outlets.
- All staff had received a DBS check. However, the practice had failed to carry out other recruitment checks prior to the employment of staff.
- The practice was unable to demonstrate that all staff who acted as chaperones had received training for this role.
- The practice was unable to demonstrate that all staff were up to date with fire safety training.
- Records demonstrated emergency equipment and emergency medicines were checked on a regular basis. However, we found emergency equipment at the practice that was out of date.

At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the requirements had been met.

- Records showed that the practice was monitoring water temperatures from hot and cold water outlets as well as flushing infrequently used water outlets in line with their legionella risk assessment action plan.
- The practice had revised their recruitment process to help ensure recruitment checks were carried out prior to the employment of staff.
- All staff who acted as chaperones had received training for this role.
- All staff were up to date with fire safety training.
- Emergency equipment we checked was in date and fit for use.

## Are services well-led?

At our previous comprehensive inspection on 19 May 2015 the practice had been rated as requires improvement for providing well-led services.

- The practice had undertaken some clinical audits. However, information from the clinical audits did not clearly identify the findings or any subsequent changes that had been implemented as a result.
- The practice did not have a system to undertake other audits to monitor the quality and safety of the service.
- The practice did not have an established system for managing and mitigating risks in relation to the premises.
- The practice did not have an active patient participation group (PPG).

**Good**



# Summary of findings

- The practice was unable to demonstrate that appraisals had been carried out for any of their staff.

At our focussed follow-up inspection on 14 April 2016, the practice provided records and information to demonstrate that some of the requirements had been met. However, the practice had been rated as requires improvement for providing well-led services.

- The practice had carried out clinical audits but were unable to demonstrate that these had led to improvements in the quality of patient care.
- The practice had undertaken risk assessments for fire safety and legionella. However, there were no formal arrangements for identifying, recording and managing other risks or implementing mitigating actions.

At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the requirements had been met.

- Clinical audits were driving improvements in the quality of patient care.
- The practice had introduced formal arrangements for identifying, recording and managing other risks and implementing mitigating actions.

# 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

At our previous comprehensive inspection on 19 May 2015 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our previous focussed follow-up inspection on 14 April 2016 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



### People with long term conditions

At our previous comprehensive inspection on 19 May 2015 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our previous focussed follow-up inspection on 14 April 2016 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the

Good



# Summary of findings

legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

## **Families, children and young people**

At our previous comprehensive inspection on 19 May 2015 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our previous focussed follow-up inspection on 14 April 2016 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

**Good**



## **Working age people (including those recently retired and students)**

At our previous comprehensive inspection on 19 May 2015 the practice had been rated as requires improvement for the care of working aged people (including those recently retired and students). The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our previous focussed follow-up inspection on 14 April 2016 the practice had been rated as requires improvement for the care of working aged people (including those recently retired and students). The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

**Good**





# Summary of findings

At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

## **People whose circumstances may make them vulnerable**

At our previous comprehensive inspection on 19 May 2015 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our previous focussed follow-up inspection on 14 April 2016 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

**Good**



## **People experiencing poor mental health (including people with dementia)**

At our previous comprehensive inspection on 19 May 2015 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our previous focussed follow-up inspection on 14 April 2016 the practice had been rated as requires improvement for the care of people with poor mental health (including those with dementia). The provider had been rated as requires improvement for providing

**Good**



## Summary of findings

safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 13 December 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

## Summary of findings

# Dr Chandrika Ramu

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr Chandrika Ramu

Dr Chandrika Ramu is situated in Milton Regis, Sittingbourne, Kent and has a registered patient population of approximately 2,400. There are more patients registered between the ages of 0 and 18 years than the national average. There are fewer patients registered over the age of 65 years than the national average. The practice is located in an area with a higher than average deprivation score.

The practice staff consists of one GP (female), one practice managers, one healthcare assistant (female), as well as administration and reception staff. The practice also employs regular locum practice nurses. There are reception and waiting areas on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or a training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from Dr Chandrika Ramu, 95 High Street, Milton Regis, Sittingbourne, Kent, ME10 2AR only.

Dr Chandrika Ramu is open Monday to Wednesday and Friday 8am to 6.30pm as well as 8am to 1pm on Thursday. Extended hours appointments are offered Wednesday 6.30pm to 8pm.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway Doctors On Call Care) to deliver services to patients outside of the practice's working hours.

## Why we carried out this inspection

We undertook an announced focused inspection of Dr Chandrika Ramu on 15 November 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 19 May 2015 and our focussed follow-up inspection on 14 April 2016.

We inspected this practice against two of the five questions we ask about services; is the service safe and is the service well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

## How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive and focussed inspections had been addressed. During our visit we spoke with the practice manager as well as reviewed information, documents and records kept at the practice.

# Are services safe?

## Our findings

### Overview of safety systems and processes

- Records showed that all staff who acted as a chaperone had received training for this role.
- The practice had revised their recruitment process to help ensure recruitment checks were carried out prior to the employment of staff. One member of staff had been recruited since our last inspection and records showed that recruitment checks had been undertaken prior to their employment. For example, proof of identification, full employment history, qualifications, interview records and checks through the Disclosure and Barring Service.

### Monitoring risks to patients

- Records showed that all staff were now up to date with fire safety training.
- Staff told us they were monitoring water temperatures from hot and cold water outlets as well as carrying out regular flushing of infrequently used water outlets. Records confirmed this and demonstrated the practice had implemented actions to reduce the risk of infection from legionella to patients, staff and visitors.
- The practice had introduced a variety of risk assessments to monitor safety. For example, there was a control of substances hazardous to health risk assessment. Records showed that action plans had been implemented to reduce identified risks.

### Arrangements to deal with emergencies

- The practice had revised their emergency equipment. All emergency equipment we checked was in date and fit for use.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

The practice had revised governance arrangements to help ensure they were implemented effectively.

The programme of continuous clinical and internal audit had been revised and was used to monitor quality and to make improvements.

- Staff told us the practice had a system for completing clinical audits. For example, an audit of two week wait referrals. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.

- Other clinical audits had been carried out. For example, an audit to help ensure erectile dysfunction was being considered in male patients newly diagnosed with diabetes. The practice had analysed the results and produced an action plan to address the findings. Records showed this audit had been repeated to complete the cycle of clinical audit.

The practice had revised arrangements for identifying, recording and managing risks;

- Risks in relation to staff training, staff recruitment, legionella management as well as health and safety had been identified and were now being well managed.