

# Dr Hedathale Anantharaman

## Quality Report

Venkat Medical Centre  
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# 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 Hedathale Anantharaman's practice on 5 October 2015 and 15 October 2015. The practice had been in special measures and we returned to re-inspect to consider whether sufficient improvements had been made. We found the practice had not made sufficient improvement and the overall rating for this practice remains inadequate.

We found the provider to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were:

Regulation 12: Safe care and treatment

Regulation 17: Good governance

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

The practice had worked with the Royal College of General Practitioners to deliver improvements to the practice including staffing levels, reviewing policies and procedures and in relation to governance arrangements.

While these were noted the improvements had not gone far enough to ensure patients were kept safe. Patient care and treatment was not meeting the needs of patients at the practice and was therefore placing them at risk.

- Patients were at risk of harm and poor outcomes because they did not always receive the care they needed. We had concerns about the management of some of the most vulnerable patients.
- Patients with long term conditions were not kept under regular review. No recall systems had been put in place to monitor their conditions.
- Contemporaneous notes were not maintained in many of the patient records reviewed and evidence was found of retrospective recording of patient information. The information held could therefore not be relied upon to make accurate decisions about care and treatment.
- Staffing levels had been improved but there still remained uncertainty about the stability of the new workforce.
- There had been some improvements in the governance arrangements, for example reviews of policies and procedures, management of significant events and provision of emergency equipment.

# Summary of findings

However, risks were generally not well managed. No plans were in place to manage unforeseen events that might impact on the running of the service and risks in relation to the premises.

- Patients told us that they were treated with dignity and respect and that staff were helpful and caring. Patients were particularly positive about the reception staff. However, findings from the national patient survey rated consultations with the GP lower than the CCG and national averages.
- Most patients found it easy to access the service for an appointment. The appointment system was flexible and urgent appointments were usually available on the day they were requested.
- The practice did not have a clear understanding of its performance and could not demonstrate the impact on patient outcomes from changes made or where improvements were needed.

Following this inspection the provider tendered their resignation. Had this not been the case CQC would have taken further action.

The areas identified that must be improved had the provider continued to operate were:

- The provider must implement effective systems for the management and monitoring of risks relating to the premises, staffing and unforeseen events that might impact on the running of the service.
- The provider must ensure patients receive care and treatment that is appropriate to their needs and keeps them safe. This must have regard to current best practice guidance and where additional support is required appropriate referral and signposting to the most appropriate services.
- The provider must give regard to the patient voice when delivering and improving services.

As part of the action taken, CQC liaised with the CCG and NHS England. The CCG have put in place measures to provide support, care and treatment for the patients affected by this closure.

**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 inadequate for providing safe services. We had previously rated the practice as inadequate for safe. Although there was evidence of some improvements there remained significant concerns and continued breaches in the management of risks and in providing safe care and treatment.

Patients were at risk of harm because systems and processes were either not in place or had weaknesses in them. Documentation was not always available to demonstrate how risks were being managed. Risks in relation to the premises had not always been fully addressed so that mitigating action could be put in place to keep patients safe. Reviews of patients records did not demonstrate patients always received robust medication reviews and were put at risk. No processes were in place to manage unforeseen events that might impact on the smooth running of the service and the stability of staffing at the practice remained an issue.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews were undertaken and discussed with staff to share learning and support improvement.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services. We had previously rated the practice as inadequate for effective.

The practice was unable to demonstrate that care and treatment was delivered in line with recognised professional standards and guidelines. Data was not available to demonstrate that actions taken since our previous inspection had led to improved patient outcomes. Reviews of patient records identified serious concerns with the management of some of the practices most vulnerable patients. The practice continued to breach regulations in relation to the safe care and treatment of patients.

Inadequate



### Are services caring?

The practice is rated as requires improvement for providing caring services. Feedback from patients on the service provided was mixed. We received positive comments from patients during our inspection. Patients told us that staff were helpful and caring and treated with dignity and respect. However, published data on patient satisfaction showed that patients rated the practice lower than others for many aspects of care including being listened to or involved in decisions

Requires improvement



# Summary of findings

about care. Information for patients about support services was available and displayed in the waiting area but it was not evident that the practice was proactive in supporting patients emotionally with their care and treatment and at times of need.

## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services. We had previously rated the practice as inadequate for responsive.

The practice could not demonstrate that it had taken account and responded to the individual needs of its patients when planning and providing care, placing patients at risk of worse outcomes. Lack of recall systems meant the needs of patients with long term conditions were not being fully met. The practice did not have a good understanding of its performance and could not demonstrate that actions taken to secure improvements for the practice population were leading to improved outcomes for example, improved uptake of screening programmes and other health prevention services.

However, we found the practice was flexible and accessible to patients when needed. Information about how to complain was accessible to patients and from the one complaint seen it had been addressed appropriately.

Inadequate



## Are services well-led?

The practice is rated as inadequate for being well-led. While the practice had clearly made some improvements these had not gone far enough. The practice had yet to secure a sustainable solution to ensure patients received a service that was safe and met their needs. Evidence was not available to demonstrate how performance and risks were being managed to deliver positive outcomes and a safe service. We had identified concerns that were placing patients at risk.

Inadequate



# 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 was rated as inadequate for providing safe, effective, responsive and well-led services and requires improvement for providing a caring service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for older people. We found continued breaches in the provision of safe services and the governance of the practice.

The practice offered health checks and Flu vaccinations to patients over 65 years. National data showed the uptake of flu vaccinations was comparable to other practices nationally. The practice was also accessible to those with mobility requirements and home visits were available for patients who needed them due to their health. Multi-disciplinary meetings took place to discuss those with palliative care needs. However, from our review of patient records we were not confident that patients health needs were appropriately met.

Inadequate



### People with long term conditions

The provider was rated as inadequate for providing safe, effective, responsive and well-led services and requires improvement for providing a caring service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for people with long term conditions. We found continued breaches in the provision of safe services and the governance of the practice.

The practice had failed to meet the needs of those with long term conditions. Although additional staff had been employed to deliver regular reviews of patients' needs the practice was unable to demonstrate the impact of this. National published data showed that patients with long term conditions had poorer outcomes than other practices locally and nationally. This was particularly evident for patients with diabetes. Our review of patients records raised serious concerns with the quality of care patients with long term conditions received and the impact of this on their long term health. Patients did not receive appropriate recalls so that their condition could be monitored and any action required put in place.

Inadequate



### Families, children and young people

The provider was rated as inadequate for providing safe, effective, responsive and well-led services and requires improvement for providing a caring service. The concerns which led to these ratings

Inadequate



# Summary of findings

apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for families, children and young people. We found continued breaches in the provision of safe services and the governance of the practice.

Although additional staff had been employed to support the delivery of childhood immunisations the practice was unable to demonstrate the impact of this. National published data showed uptake of childhood immunisations were significantly lower than other practices locally and nationally for those under two. The midwife ran an antenatal clinic at the practice and the health visitor ran a clinic once a month which coincided with the baby clinic. Appointments were available outside of school hours and the premises were accessible to push chairs. No baby changing facilities were available on site. However, from our review of patient records we were not confident that patients health needs were being appropriately met.

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

The provider was rated as inadequate for providing safe, effective, responsive and well-led services and requires improvement for providing a caring service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for working age people. We found continued breaches in the provision of safe services and the governance of the practice.

The practice had employed additional clinical staff which had enabled it to undertake NHS Health Checks and improve the uptake of cervical screening for this population group. However, the practice had not been proactive in encouraging patients to attend and were unable to tell us what proportion of patients had taken up the offer of health checks and cervical cytology . National published data showed uptake of cervical cytology was significantly lower than other practices locally and nationally. Although the practice offered extended opening hours for appointments from Monday to Friday, patients could not book appointments or order repeat prescriptions online. From our review of patient records we were not confident that patients health needs were being appropriately met.

**Inadequate**



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

The provider was rated as inadequate for providing safe, effective, responsive and well-led services and requires improvement for providing a caring service. The concerns which led to these ratings apply to everyone using the practice, including this population

**Inadequate**



# Summary of findings

group. The practice is therefore rated as inadequate for people whose circumstances may make them vulnerable. We found continued breaches in the provision of safe services and the governance of the practice.

There were registers for patients living in vulnerable circumstances such as patients with a learning disability. The practice told us that 50% of the patients with a learning disability had received a health review in the last 12 months. However, from our review of patient records we did not have confidence in the quality of the reviews undertaken to ensure the health needs of patients in this population group were being met. There were also no systems of recall in place to ensure the patients' health needs were kept under review.

The practice regularly worked with multi-disciplinary teams in the management of vulnerable people. Staff knew how 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 to report those concerns.

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

The provider was rated as inadequate for providing safe, effective, responsive and well-led services and requires improvement for providing a caring service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for people experiencing poor mental health. We found continued breaches in the provision of safe services and the governance of the practice.

There were registers in place for patients experiencing poor mental health. However, the practice was unable to provide evidence that this needs of this patient group had been adequately met. Care planning for patients in this population group had not been undertaken. Although there was evidence of patients receiving a health check within the last 12 months we did not have confidence in the quality of the reviews undertaken.

The practice did not participate in assessments for dementia in order to identify early onset and referral to specialist care.

**Inadequate**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing better than local and national averages in terms of access and helpfulness of reception staff but worse in relation to the quality of consultations. There were 99 responses and a response rate of 24%.

- 86% find it easy to get through to this surgery by phone compared with a CCG average of 62% and a national average of 73%.
- 93% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 99% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.

- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 62% feel they don't normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.
- 73% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards. The majority of these were positive about the care received. Patients said they found staff helpful, friendly and caring. There were no specific themes to the small proportion of comments that were less positive.

# Dr Hedathale Anantharaman

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

On the 5 October 2015 our inspection team was led by a CQC lead inspector. The team included one GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

On the 15 October 2015 our inspection team consisted of a CQC lead inspector and a GP specialist adviser.

### Background to Dr Hedathale Anantharaman

Dr Hedathale Anantharaman's practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Dr Hedathale Anantharaman's (also known as Venkat Medical Centre) is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a converted shop within a small shopping area in the Tile Cross Area of Birmingham. Based on data available from Public Health England the area served is one of the most deprived areas in the country. The practice has a registered list size of approximately 1,350 patients.

The practice is open 8.30am to 1.00pm and 4.00pm to 6.30pm on Mondays, Tuesdays and Fridays. On Wednesday it is open 8.30am to 1.00pm and 3pm to 6.30pm. On Thursday 8.30am to 1.00pm. Extended opening hours are available on Tuesday evenings between 6.30pm and 7.30pm. When the practice is closed during the day there are arrangements with another provider to provide cover. During the out of hours period (6.30pm and 8.00am) patients receive primary medical services through an out of hours provider (BADGER).

The practice is run by a single handed GP (male). Other practice staff consisted of a practice nurse (female), a health care assistant, three reception staff and a practice manager.

The practice was previously inspected by CQC in February 2015 and placed into special measures following an inadequate rating. Following this inspection the practice had sought support from the Royal College of General Practitioners to help deliver improvements. There was also interest from another practice to go into partnership with Dr Hedathale Anantharaman.

### Why we carried out this inspection

This inspection was undertaken to follow up progress made by the practice following placement into special measures. In February 2015 the practice was inspected and found to be inadequate overall.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

## 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
- 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on the 5 October 2015. As part of the inspection we spoke with a range of staff including the GP, the practice nurse, the Health Care Assistant and reception staff. We also spoke with 6 patients who used the service. We reviewed how people were being cared for. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We returned on the 15 October 2015 to review patient records. This was to assess the quality of care provided to some of the practice's most vulnerable patients at the practices. Dr Anantharaman identified and provided us with a list of the patients he considered were the most vulnerable.

# Are services safe?

## Our findings

### Safe track record and learning

Since our previous inspection we found improvements in the way in which significant events were recorded and reported. Staff told us that they were encouraged to report incidents and near misses and that these were discussed with them at staff meetings. We reviewed the minutes of these staff meetings in which significant events were a standard agenda item. This enabled the incident to be discussed with other members of staff and learning shared. We saw three documented significant events. In one incident which involved a prescription being issued to a patient in the wrong name the patient had been contacted, apologised to and the situation rectified.

Clinical staff told us that they received information about safety alerts via email and that these would be discussed at practice meetings but none had been relevant to them since starting. The GP took responsibility to action any safety alerts and was able to show an example of recent alert they had received in relation to the flu vaccine through their IT system. This had yet to be shared with other staff.

### Overview of safety systems and processes

At our previous inspection in February 2015 we found that patients were at risk of harm because systems and processes were not in place to keep them safe. There was insufficient staffing in place and risks of unforeseen circumstances which might impact on the running of the service had not been properly managed. While we saw evidence of improvements made further work was still required to keep patients safe. Our findings were as follows:

- Arrangements were in place to safeguard adults and children from abuse. Safeguarding policies and procedures had been recently up dated and staff were aware of these. Contact details for reporting adult and child safeguarding were displayed within the practice. The GP was the safeguarding lead for the practice who told us that they provided reports as necessary for other agencies as necessary. Staff had received relevant training in this area. Alerts available on the patient record system highlighted patients who were at risk to staff. There was evidence that the practice worked with the health visitor who ran monthly clinics at the practice to discuss any concerns.
- Notices were displayed in the waiting room, advising patients that they could request a chaperone during their consultation. Where possible the practice nurse or Health Care Assistant acted as a chaperone but reception staff would be used if they were unavailable. A chaperone policy was in place to provide guidance to staff when acting as a chaperone. Staff we spoke with were aware of their responsibilities when chaperoning and had undertaken training. Staff also had a disclosure and barring check (DBS) in place. (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 found gaps in the assessment of risks to the practice. There were no specific systems in place for monitoring the premises and for logging maintenance issues. As with our previous inspection the practice was in need of some refurbishment for example, plastering and damp patches were seen in some of the clinical areas. There were no risk assessments in place for the management of legionella and the control of substances hazardous to health. The practice had however taken some action in response to our previous report and had replaced sinks and had sought quotes for new flooring, privacy curtains and reception counter.
- As with our previous inspection no fire risk assessment had been undertaken and no recent fire drill or alarm testing recorded. Some but not all staff had received fire training. However there was evidence that fire equipment had been regularly serviced and fire evacuation procedures were displayed.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records seen confirmed these checks had been undertaken within the last 12 months. Out of date single use items seen at our last inspection had been removed.
- We observed the premises to be visibly clean and tidy. Since our previous inspection in February 2015 the practice had put in place new cleaning arrangements with an external provider. Staff had access to appropriate hand washing facilities and personal protective equipment. Appropriate arrangements were in place for the removal of clinical and non-clinical waste. There were infection control policies in place and staff had received up to date training. We asked to see cleaning schedules but none were available to show

## Are services safe?

what cleaning had been done and the frequency. There were also no action plans in place to demonstrate what progress had been made against the last infection control audit undertaken by NHS England in October 2014.

- Medicines, including emergency drugs and vaccinations, were appropriately stored and checked to ensure they were fit for use. There were appropriate arrangements in place to enable nursing staff to administer vaccinations. The GP was able to describe arrangements for monitoring patients on high risk medications. However, our review of patient records identified that patients did not always receive adequate reviews of their medication to ensure they were sufficiently effective in meeting the patient's needs.
- Recruitment checks were carried out and we saw that there had been improvements in this area. Staff confirmed they had been through a formal recruitment process and had been required to provide evidence of their suitability. However there were still some gaps relating checks of conduct in previous employment. There had also been a reliance on DBS checks from the member of staff's other employment.
- At our previous inspection in February 2015 insufficient staffing levels had been a major concern to ensure the smooth running of the service and to meet the needs of patients. While effort had been made to improve staffing

levels this was still an area of concern in terms of the stability of staffing. The practice had recruited a practice nurse for two sessions each week and health care assistant for four sessions each week, a practice manager and two reception staff. The week prior to our inspection the practice manager had to unexpectedly leave indefinitely and the health care assistant had reduced their four sessions to one.

### **Arrangements to deal with emergencies and major incidents**

Since our previous inspection the practice had reviewed its arrangements to deal with medical emergencies. All staff had received annual basic life support training within the last year. Emergency medicines and equipment were available and staff knew of its location when needed. Emergency equipment included a defibrillator and oxygen. While we saw records of checks to show that the emergency medicines were in date and fit for use there were no recorded checks for the defibrillator. The oxygen had only just been purchased and so records would not yet have been in place.

The practice did not have a business continuity plan to deal with major incidents such as power failure, building damage or incapacity of staff and this had been raised at the last inspection.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

It was not clear from our review of patient records the rational for care and treatment patients received. There were no robust systems in place for the recall of patients with long term conditions to ensure they received regular reviews. Since the practice nurse had been employed there was some evidence of more robust reviews of diabetes and asthma having taken place but this was not evident for all patients.

### Management, monitoring and improving outcomes for people

Although the practice participated in the Quality and Outcomes Framework(QOF) the provider was unable to demonstrate that patients at their practice received good outcomes. QOF is a system intended to improve the quality of general practice and reward good practice. At our previous inspection in February 2015 we found that the practice was not proactively using the information collected from QOF and performance from national screening programmes to monitor outcomes for patients. While the practice nurse had been employed to undertake some reviews of patients with long term conditions the practice was unable to demonstrate what the impact of this had been for patients and on improved outcomes. As there had been no newly published data available following our inspection in February 2015 we undertook a review of patient records to assess the quality of care that had been provided to 20 of the practices most vulnerable patients. We identified serious concerns with many of the records reviewed. We found:

- Nine out of the 20 patient records reviewed showed information that had been entered retrospectively. This ranged from two weeks to over 3 months since the patient consultation. The GP could not give a satisfactory explanation about the source of the original record of review.
- Three of the patients we reviewed showed that their long term condition was poorly controlled and managed by the practice.
- The practice did not have a robust recall system in place to ensure those with complex care needs and chronic health conditions received access to regular reviews of their condition.

- Practice data showed only 22% of asthma patients had received a review in the previous 12 months as at the end of September 2015. The latest published data available for 2013/14 showed the percentage of patients who had received an asthma review in the preceding 12 months was 76%.

The latest available QOF data (2013/14) showed the practice had achieved 65% of the total number of QOF points available compared to the national average of 94%. Exception reporting was at 12%, 4% higher than both CCG and national averages. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Data from 2013/14 showed;

- Performance for diabetes related indicators were worse compared to the CCG and national average at 62% compared to CCG average of 91% and national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests at 78% was below the CCG and national average of 83 %.
- Performance for mental health related indicators was worse at 50% compared to the CCG average of 91% and national average 90%>.
- The dementia diagnosis rate was 0.4% which was comparable to the CCG and national averages of 0.5% and 0.6%.

Since our previous inspection the GP was participating in local prescribing audits on the use of antibiotics and hypnotics. These audits had yet to be completed in order to demonstrate any improvements.

### Effective staffing

Since our previous inspection there had been a review of practice staffing and staff newly employed demonstrated they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had employed clinical staff with additional training to support the requirements of the practice. The practice nurse commenced employment in March 2015. We saw from certificates available that the practice nurse had additional diplomas for the management of



# Are services effective?

## (for example, treatment is effective)

asthma and diabetes and was trained to undertake cervical screening and childhood immunisations. These were areas that the practice needed to improve at our previous inspection in February 2015.

- Staff newly appointed within the last six months confirmed that they had received an induction when they were first recruited, although this had been limited due to the practice circumstances at the time.
- The practice had purchased e-learning training modules. There was evidence from staff training records that this had been made use of. For example, safeguarding, fire safety and health and safety training.
- The GP told us that they were able to access GP training through an out of hours provider they also worked for. However our review of patient records raised concerns with decisions that had been made in the treatment of care and patients.
- The GP able to provide evidence that they had undergone revalidation and appraisal within the last 12 months. Most of the workforce had been employed less than six months and had yet to receive their annual appraisal. However, information shared by the GP as part of the appraisal process showed colleague feedback in areas such as clinical knowledge, diagnosis and clinical decision making was lower compared to others nationally and within the locality.

### Coordinating patient care and information sharing

Clinical staff were satisfied that they had the information they needed when seeing patients to help inform decisions. Patient information received by post or electronically was reviewed by the GP for action and scanned onto the patient records for future reference.

The practice was able to demonstrate that they shared relevant information with other services for example the out-of-hours service. The practice told us that they tried to use choose and book ( a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital) but this was not always compatible with their patient record system.

The practice worked with other health and social care services to discuss the needs of patients with complex care and palliative needs. Multidisciplinary team meetings were held on a quarterly basis with palliative care nurses, district nurses and community matrons. Quarterly safeguarding

meetings were also held with the health visitor to discuss the vulnerable children. The GP held the baby clinic to coincide with the monthly health visitor clinics which enabled them to discuss any issues or concerns as they arose.

### Consent to care and treatment

Clinical staff we spoke demonstrated an understanding of the Mental Capacity Act 2005. We saw from training records that staff had undertaken the e-learning modules on the Mental Capacity Act.

We saw evidence of consent recorded on patient records and of information being given such as side effects.

### Health promotion and prevention

A range of information was displayed in the waiting areas to raise awareness with patients about various screening programmes, health checks and support services available. The health care assistant had undertaken training in smoking cessation and was able to provide in house support. Patients could be referred to external smoking cessation services, dietary advice and health trainers who support patients to lead healthier lifestyles with approval from the GP. The practice was unable to provide any details as to how many patients had benefitted from these services.

At our previous inspection the practice was an outlier with regard to the uptake rates for cervical screening and childhood immunisations. The recruitment of a practice nurse placed the practice in a better position to improve cervical screening and childhood immunisation uptake rates. However, there was no new data to demonstrate whether improvement had actually been made. The latest published data which was for 2013/14 which was prior to our previous inspection showed uptake of cervical screening at the practice as 72% and below the national average of 82%.

National reported data available on childhood immunisation rates was also prior to our inspection in February 2015. The latest published data available for 2014/15 showed childhood immunisation rates for under two year olds was consistently lower than the CCG average. Practice data ranged from 14% to 57% compared to the CCG average 80% to 95%. Childhood immunisation rates for five year olds ranged from 9% to 100% compared to CCG averages of 86% to 96%.

## Are services effective?

(for example, treatment is effective)

Data for flu vaccination rates for the over 65s and those at risk were comparable to the national averages. The latest data available from 2013/14 showed flu uptake rates for over 65s at 58% compared with 52% nationally, and at risk groups 76% compared with 73% nationally.

Patients had access to health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for over 75 years (these were advertised in the practice leaflet). However, the

practice was unable to demonstrate whether the number of health checks performed had increased since our previous inspection. Staff told us that they would let the GP know if any concerns were identified and that they would arrange for the patient to see the GP.

Travel vaccinations were available at the practice with the exception of yellow fever and staff were able to signpost patients to other providers who were able to offer this vaccine.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Information relating to the how patients were treated by the practice was mixed. Throughout the inspection we observed that members of staff were helpful, caring and supportive towards patients. Although the reception desk could easily be overheard we found staff spoke quietly to minimise the risk of being overheard. Staff also told us that if a patient wished to speak in private they would offer one of the consulting rooms. Staff were aware of what they needed to do to maintain patient confidentiality and had signed a confidentiality policy. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. In our previous report we had raised issues relating to the adequacy of the privacy curtains in place. The GP was in the process of changing these.

Results from the national GP patient survey published in July 2015 showed patients satisfaction with how they were treated was below CCG and national averages across many areas. The exception being the helpfulness of reception staff. However this data related to the period that was mainly prior to our inspection in February 2015. For example:

- 73% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 81% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Feedback from patients from the 42 completed CQC comment cards and our conversations with patients was

positive. With the exception of one comment card patients were complementary about the staff and the service received. They told us they were treated with dignity and respect.

### Care planning and involvement in decisions about care and treatment

The GP told us that they had not been able to put in place care plans for their patients with complex needs due to other practice pressures. As a small practice they felt they knew their patients well and now staffing had improved would be able to focus on these patients.

Patient feedback from the CQC comment cards and from patients we spoke with on the day of the inspection told us that patients were satisfied with their involvement in decisions about their care. Most patients told us they felt listened to and that information was given to them in a way they could understand, only one patient said this was not the case.

However, results from the national GP patient survey published in July 2015 showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were below national averages across many areas. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

### Patient and carer support to cope emotionally with care and treatment

A variety of information was available in the patient waiting room signposting patients to various support groups and organisations including counselling services for both children and adults. A notice was displayed inviting patients who were carers to identify themselves to practice staff but staff were unable to tell us what was done with this information to improve the support given to carers.

The practice recorded deaths when they were alerted to them and would inform the GP but were also unable to tell us about any specific support provided to patients who had recently suffered a bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Following our previous inspection in February 2015 the practice had focussed on increasing staffing and developing the service in order to deliver improvements in patient outcomes. It had worked with the Royal College of General Practitioners to try and achieve this. The practice had also been in discussion over the last six months with other providers with interest in merging or taking over the practice. The CCG were aware of this.

The practice had some arrangements in place to help provide flexibility and choice of care. For example;

- Extended opening hours were available one evening each week until 7.30pm for the convenience of patients who could not easily attend during the day due to working and other commitments.
- The practice would book longer patient appointments if patients needed one but did not rush patients if they needed more time during their consultation.
- Home visits were available for patients who were unable to attend the practice due to their health needs.
- Patients were easily able to access same day appointments and we saw on the day of the inspection patients walking in without an appointment and being seen.
- There were disabled facilities, entrance via a ramp and corridors and doors wide enough for wheel chair access. However, the toilet facilities still had a lock that could not be easily reached by someone who used a wheel chair and reception desk was too high to easily speak with reception staff.
- Translation services were available for patients who did not have English as a first language and staff knew how to access this service. The practice did not have a hearing loop for patients who would benefit from this.
- Although there was room for pushchairs there were no baby changing facilities available.
- Since our previous inspection the recruitment of a health care assistant had enabled phlebotomy services to be provided at the practice for the convenience of patients who had previously had to attend the hospital for this.

However, our review of patient records did not demonstrate that the practice had not been responsive to the individual needs of patients when assessing care and treatment. This had resulted in patients being placed at risk of harm:

- The practice acknowledged that planning the needs of patients with long term conditions had been a significant issue due to the previously low staffing levels. The recruitment of the practice nurse and health care assistant had intended to improve this situation but they were unable to demonstrate what impact this had made to patient outcomes.
- Our review of patient records identified incidents where patients were at risk of harm and poor health outcomes due to the poor management of their condition. This included lack of regular recall and review and referral to specialist care.[RA1]

### Access to the service

The practice was open 8.30am to 1.00pm and 4.00pm to 6.30pm on Mondays, Tuesdays and Fridays. On Wednesday it was open 8.30am to 1.00pm and 3pm to 6.30pm. On Thursday 8.30am to 1.00pm. When the practice was closed during the day there were arrangements with another provider to provide cover. During the out of hours period (6.30pm and 8.00am) patients received primary medical services through an out of hours provider (BADGER). A message was available on the practice answerphone informing patients who to contact.

Patients could pre-book appointments up to four weeks in advance. Urgent same day appointments were available for those who needed them. Telephone consultations would also be offered if no urgent appointments were available.

People we spoke with on the day of the inspection and feedback from comment cards confirmed patients usually found it easy to get an appointment when they needed one. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better in most areas compared to local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a complaints policy and systems in place for handling complaints and concerns. There was a designated responsible person who handled complaints in the practice.

We saw that information was available to help patients understand the complaints system, although none of the information was visibly on display. A complaints form was available from reception and information about making a complaint was included in the practice leaflet. The information available to patients included what they should do if they were unhappy with the response received from the practice in relation to their complaint.

We saw that there had been one formal complaint recorded in the last 12 months. We found this had been handled in a timely and satisfactory manner.

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However, our review of patient records did not demonstrate that the practice was responsive to the individual needs of patients. The practice was not actively managing people with long term conditions and therefore not responding to their needs.

This had resulted in patients being placed at risk of harm:

- The practice acknowledged that planning the needs of patients with long term conditions had been a significant issue due to the previously low staffing levels. The recruitment of the practice nurse and health care assistant had intended to improve this situation but they were unable to demonstrate what impact this had made to patient outcomes.
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# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice was previously inspected on the 3 February 2015 and was given an overall rating of inadequate. The practice was placed into special measures for a period of six months and was required to improve. At our inspection in February 2015 we found breaches in the regulations relating to care and welfare, assessing and monitoring quality, staffing and supporting staff.

The focus of the practice during the last six months had been to address the issues raised from the CQC inspection in February 2015 which had led to the practice being placed in special measures. The practice had gained support through the Royal College of General Practitioners peer support programme to do this and we found notable improvements in staffing and of policies and procedures that had been put in place.

As a small practice the GP was aware that in order to be sustainable in the long term and meet patients' needs they needed additional support. At this inspection the practice was looking to merge with another local practice and was currently in discussions with them. The GP was planning to retire in the near future. It was hoped that this potential merger would provide patients with a sustainable and secure workforce to meet their needs. The interested practice provided us with their a copy of their business plan to demonstrate their commitment and interest in supporting Dr Anantharaman's practice in the longer term.

However, at this inspection we found the practice had failed to make sufficient improvement in the care and welfare of patients and in developing good governance arrangements to manage risks to patients.

### Governance arrangements

The practice had put in place governance arrangements to support the delivery of the service. However, there were still concerns around the robustness of these arrangements.

- The practice did not have robust systems in place to ensure the most vulnerable patients received the care they needed.
- Although staffing had been improved at the practice there were problems over the stability of the new team.

The newly appointed practice manager had indefinitely left the practice unexpectedly and the health care assistant had reduced their sessions from four to one each week. This placed any progress made at the practice at risk.

- Since our previous inspection the practice had sought to review and update their policies. Staff were aware of them and could access them from the computers.
- The practice still did not have robust systems in place for monitoring performance, improving patient outcomes and managing risks to patients to ensure they remained safe.

### Leadership, openness and transparency

The GP was visible in the practice and staff told us that they were approachable. Staff described the culture as open and supportive and found it a pleasant place to work. Staff felt valued and said they worked well as a team. As a small practice they found it easy to communicate issues that arose.

The practice had a whistleblowing policy in place and staff were aware of this. They felt able to raise concerns but did not currently have any. Staff meetings with all staff took place on a monthly basis and were used to discuss issues affecting the practice.

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

At our previous inspection the practice did not routinely gather feedback from patients and did not have a patient participation group. Since our previous inspection the practice had sought to reinstate a patient participation group and was approaching patients but so far this had been unsuccessful. No recent in-house patient surveys had been carried out. Feedback from patients through the National GP patient Survey (published July 2015) had rated patients lower than the national average for consultations but higher on access.

Practice staff told us that they found the GP receptive to suggestions. Staff meetings and informal discussions were the main process for providing feedback. As most staff were newly recruited during the last 12 months they had not yet received any annual appraisals. The main concern raised by staff was the future uncertainty of the practice.