

# Dr Velupillai Ravikumar

## 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 caring?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow up inspection at Headstone Lane Medical Centre on 18 November 2016. The overall rating for the practice was good. However we rated the practice as requires improvement for providing a caring service and for the care provided to people with long term conditions.

More specifically, we found that the practice:

- scored below the local and national average for patient experience of consultations and involvement in decisions on the national GP patient survey in 2016
- was performing below the local and national average for its management of diabetes
- had lower than average uptake rates for cancer screening services
- had not fully embedded completed clinical audit cycles as a quality improvement tool.
- was not always implementing non-clinical safety alerts
- did not have systems to maintain full prescription security.

The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Velupillai Ravikumar on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a focused inspection carried out on 8 December 2017 to confirm that the practice had made improvements since our last inspection.

Overall the practice is rated as good. We have also rated the practice as good for providing a caring service and for the care provided to people with long term conditions.

Our key findings were as follows:

- The practice results for the national GP patient survey had improved in 2017 and were comparable with the local and national averages. The practice had engaged with patients and taken action to improve the patient experience.
- The practice had improved its performance in managing diabetes and its results were comparable with local average on the relevant Quality and Outcomes Framework indicators. For example, in 2016/17, 71% of diabetic patients recorded blood sugar levels that were adequately controlled (that is, their last IFCC-HbA1c measurement was 64 mmol/mol or less) compared to the local Clinical Commissioning Group and national average of 80%. The practice exception reporting rate for this indicator was 3% compared to the national exception reporting rate of 12%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of

# Summary of findings

side effects). The practice had taken action to improve its care in this area, for example doubling the number of sessions offered by the local specialist diabetic nurse at the practice.

- The practice had taken action to improve cervical screening uptake rates. The practice had identified that low uptake was more often associated with patients originating from Sri Lanka. The practice had assigned a member of the reception team to follow up women who did not respond to their invitation to attend for cervical screening. This member of staff could speak Tamil and was able to discuss the screening test in a culturally sensitive way. The practice had also engaged a locum nurse who was Tamil-speaking and displayed posters about the screening test in the waiting area in Tamil.
- The practice carried out completed clinical audit cycles as part of its quality improvement work. The

practice demonstrated that audit was used to ensure that effective practice was being sustained. For example the practice had completed two-cycle audits focusing on the prescribing of methotrexate and warfarin (higher risk medicines); its cryotherapy service and the identification and management of "two week wait" cancer referrals.

- The practice provided evidence that it routinely circulated information about non-clinical safety alerts and acted on these when relevant.
- The practice had improved prescription security, for example by keeping a record of serial numbers and routinely tracking the use of prescription materials.

**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 caring?**

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Dr Velupillai Ravikumar

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

## Background to Dr Velupillai Ravikumar

Dr Velupillai Ravikumar's practice is also known as Headstone Lane Medical Centre and is located in Harrow in North West London. The practice provides NHS primary medical services through a personal medical services contract to around 3800 patients from one surgery.

The practice has a relatively small proportion of older adults on its patient list, particularly patients aged over 65. Income deprivation and employment levels for the practice population are slightly above the English average. The practice has a high number of patients from Indian and Sri Lankan cultural backgrounds and the staff can speak a number of languages including Tamil. The prevalence of diabetes in the practice population is unusually high at 15%.

The practice is led by the principal GP who owns the practice. The practice employs a salaried GP, part-time nurses, a practice manager, business manager and receptionists and administrators. The GPs typically provide 15 clinical sessions in total per week. Patients have the choice of a male or female GP.

The surgery is open between 9am and 7pm from Monday to Wednesday; 9am to 1pm on Thursday and 9am to

6.30pm on Friday. The practice is also open between 8am and 10am on Saturday morning. Appointments with a doctor are available between 9am and 12 noon every weekday; between 3pm and 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8am and 10am on Saturday.

Appointments with a GP or nurse are available outside of normal working hours. The GPs also undertake home visits for patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are signposted to the local out-of-hours primary care service. The practice provides information about local walk-in and emergency services on its website and on a recorded telephone message.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; family planning; maternity and midwifery services; and surgical procedures.

CQC previously inspected this practice on 18 November 2016. The practice was meeting all legal requirements at that time.

## Why we carried out this inspection

We undertook a follow up focused inspection of Headstone Lane Medical Centre on 8 December 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

# Are services caring?

## Our findings

At our previous inspection on 18 November 2016, we rated the practice as requires improvement for providing caring services because the practice consistently scored below the local and national averages for patient experience of consultations and involvement in decisions.

The practice's results on the national GP patient survey had improved when we undertook this inspection. The practice is now rated as good for providing caring services overall and across all population groups.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were able to take patients to a more private area if patients needed to discuss sensitive issues or appeared distressed.
- The practice was aware of the NHS accessible information standard. The practice used interpreting and sign language services when appropriate. Several staff members (including GPs) could speak Tamil and this was valued by patients originally from Sri Lanka. The practice also coded information on the electronic records system to alert staff about any communication preferences for patients with learning disabilities.
- Patients could choose to see a male or female GP.

The national GP patient survey showed that the practice's results were statistically comparable with those of other practices for patient experience of consultations with the GPs and nurses:

- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%. (The practice scored 66% on this indicator the previous year).
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.

The practice had discussed patient experience at staff meetings since our previous inspection and with the patient participation group. Staff had access to online customer service skills training and the practice was sending a team member to a two-day course run by the CCG who would then cascade key learning points. The practice was also in the process of implementing its own survey to gather more detailed feedback from its patients and to identify further areas of improvement.

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

The practice's results had also improved for questions asking patients about their involvement in decisions about care and treatment. The practice's results were statistically comparable with the local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%. (The practice scored 62% on this indicator the previous year).
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

## Are services caring?

a number of support groups and organisations. Information about long term conditions and associated national support groups was also available on the practice website.

The practice computer system alerted staff if a patient was also a carer. The practice had increased the number of patients identified as carers (1% of the practice list). The

practice offered carers the flu vaccination, priority for appointments and had recently sent written information to all the carers on its list about the various avenues of support available to them.

Staff told us that if patients had suffered bereavement, the GP would write or telephone. The practice signposted patients to bereavement support services.