

Dr Kanjana Paramanathan

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services caring?

Requires improvement



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 Kanjana Paramanathan on 6 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Kanjana Paramanathan on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 4 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 September 2016. This report covers our findings in relation to these improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- During our previous inspection the practice did not have adequate systems in place for the timely management of safety alerts. At this inspection we saw that processes were in place to receive alerts such as from the Medicines and Healthcare products

Regulatory Agency (MHRA) as well as the Central Alerting System (CAS). Evidence we looked at showed that appropriate actions were being taken following receipt of relevant alerts.

- We found that the system in place for the prescribing of high risk medicines was not always effective, specifically with regards to recommended blood monitoring when we inspected the practice previously. At this inspection we saw evidence that improvements had been made and anonymised patient records we looked at demonstrated that patients on high risk medicines were being managed appropriately.
- When we inspected the practice in September 2016, the practice was unable to demonstrate that all clinical staff had appropriate indemnity cover in place. At this follow up inspection we saw evidence of indemnity cover for all relevant staff.
- At our previous inspection the national GP patient survey result we looked at showed patients rated the practice lower than others for some aspects of care, particularly in relation to quality of consultation and the practice could not demonstrate any formal plans for improvement. At this follow up inspection we saw

Summary of findings

evidence that the practice had developed and implemented plans to improve. However, the latest results showed achievement for some aspects of care below local and national averages

The areas of practice where the provider should make improvements are:

- Continue to explore ways to improve service using patient feedback, particularly in relation to quality of consultation with all clinical staff.

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 inspection, we rated the practice as requires improvement for providing safe services as the practice did not have adequate systems in place for the timely management of safety alerts. Systems to manage patients on high risk medicines needed review. The practice did not demonstrate all clinical staff had appropriate indemnity cover in place. We saw evidence that the practice had improved when we undertook a follow up inspection on 4 July 2017. For example:

- We saw evidence that medicine safety alerts were received and cascaded to relevant staff. The practice was able to evidence appropriate actions that were taken following receipt of relevant alerts.
- When we inspected the practice in September 2016 we found that the system in place for the prescribing of high risk medicines was not always effective, specifically with regards to recommended blood monitoring. At this follow up inspection we looked at a number of anonymised patient records and saw that patients on high risk medicines were being managed appropriately.
- We saw appropriate arrangements were in place to ensure emergency medicines and equipment were available when required.

Good



Are services caring?

At our previous inspection, we rated the practice as requires improvement for providing caring services. The national GP patient survey showed patients rated the practice lower than others for some aspects of care particularly in relation to quality of consultation. At this inspection the practice was able to demonstrate the action being taken to improve. However, the latest national GP patient survey showed further improvements were required.

- The practice had carried out an in-house survey on the quality of consultation experienced by patients and feedback received was positive.
- We saw evidence that the practice had reviewed the national patient survey and identified areas for improvement. We looked

Requires improvement



Summary of findings

at the latest national GP patient survey which showed that its achievement for quality of consultation with the GP had improved slightly. However, overall, patients still rated the practice lower than others for some aspects of care.

Are services well-led?

At our previous inspection, we rated the practice as requires improvement for providing well-led services. The practice governance processes were not effective in identifying and managing risks to patients, for example, in relation to the availability of emergency medicines and equipment.

- During this inspection we saw that governance processes had improved. The practice was able to demonstrate a proactive approach to managing risks such as those related to availability of emergency medicines and oxygen and the management of patients on high risk medicines.
- During our previous inspection we saw that the practice had a policy on how to register vulnerable patients such as the homeless. However, this was not embedded as staff were unaware of the policy. At this inspection, minutes of meeting we looked at showed that guidance around registering vulnerable patients had been discussed and staff were aware of the process.
- We saw evidence of effective oversight to ensure quality of the service provision. For example, patient feedback from surveys was being used to monitor quality of service and make improvement where appropriate.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved concerns for providing Safe and well-led care identified at our inspection on 6 September 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good

Good



People with long term conditions

The provider had resolved concerns for providing Safe and well-led care identified at our inspection on 6 September 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good

Good



Families, children and young people

The provider had resolved concerns for providing Safe and well-led care identified at our inspection on 6 September 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good

Good



Working age people (including those recently retired and students)

The provider had resolved concerns for providing Safe and well-led care identified at our inspection on 6 September 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good

Good



People whose circumstances may make them vulnerable

The provider had resolved concerns for providing Safe and well-led care identified at our inspection on 6 September 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved concerns for providing Safe and well-led care identified at our inspection on 6 September 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to explore ways to improve service using patient feedback, particularly in relation to quality of consultation with all clinical staff.

Dr Kanjana Paramanathan

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team also included a GP specialist advisor.

Background to Dr Kanjana Paramanathan

Dr Kanjana Paramanathan also known as Bearwood Road Surgery is located in Smethwick Birmingham, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation in the area served by Dr Kanjana Paramanathan are below the national average, ranked at three out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged between 25 to 35 years.

There are approximately 2200 patients of various ages registered with the practice. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

The practice has one GP provider (female) and one regular locum GP (male). The GPs are supported by a practice nurse. The non-clinical team consist of administrative and reception staff and a practice manager who worked three days a week.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments take place from 9.30am to 12.30 pm.

and 4.30pm to 6.30pm daily. The practice offers extended hours on Mondays, Tuesdays and Wednesdays from 6.30pm to 7pm. In addition, extended opening hours were also provided on Saturdays from 9am to 12pm.

The practice has opted out of providing out-of-hours services to their own patients and this service is provided by another provider (Primecare).

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Kanjana Paramanathan on 6 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on September 2016 can be found by selecting the 'all reports' link for Dr Kanjana Paramanathan on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Kanjana Paramanathan on 4 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Dr Kanjana Paramanathan on 4 July 2017. This involved reviewing evidence that:

- Improvements were made to ensure receipt MHRA alerts were being received and actioned.

Detailed findings

- Appropriate indemnity cover was in place for all clinical staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients to ensure those on high risk medicines were being managed appropriately.
- Appropriate arrangements were in place to respond to any medical emergencies.
- Improvements were being made in areas identified in the national GP patient survey in relation to quality of consultation.

- Looked at governance processes to ensure improvement
- Looked at information the practice used to deliver care and treatment plans

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.

Are services safe?

Our findings

At our previous inspection on 6 September July 2016, we rated the practice as requires improvement for providing safe services. The practice did not have adequate systems in place for the timely management of safety alerts. Systems to manage patients on high risk medicines needed review. The practice did not demonstrate all clinical staff had appropriate indemnity cover in place.

The practice had made arrangements to address the above areas and could demonstrate improvement when we undertook a follow up inspection on 4 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

When we inspected the practice in September 2016 we saw adequate systems were not in place to manage safety alerts. At this inspection we saw that the GP had registered with Medicines and Healthcare products Regulatory Agency (MHRA) as well as the Central Alerting System (CAS) to receive safety alerts directly. We saw evidence that the GP was receiving these alerts and a spreadsheet detailed action that had been taken following receipt of relevant alerts. For example, we saw that the practice had received an MHRA alert in April 2017 in regards to a specific medicine. Evidence we looked at showed that the practice had carried out a search on the patient record system and had taken appropriate action. Minutes of meeting we looked at showed that that this was discussed with relevant staff. We saw other examples of relevant alerts where appropriate action had been taken.

Overview of safety systems and process

During our previous inspection staff files we looked at showed that appropriate recruitment checks had been carried out. However, the practice could not demonstrate appropriate indemnity for all clinical staff. At this inspection the practice was able to demonstrate that appropriate

indemnity cover was in place. Professional indemnity insurance provides medical defence cover for professional negligence claims, or allegations of malpractice, received against a healthcare professional.

When we inspected the practice in September 2016 we found that the system in place for the prescribing of high risk medicines was not always effective, specifically with regards to recommended blood monitoring. At this follow up inspection we saw that the practice had developed a prescribing protocol for high risk medicines to better manage the process. We looked at a number of anonymised patient records and saw that patients on high risk medicines were being managed appropriately.

Arrangements to deal with emergencies and major incidents

During our previous inspection we saw that the practice did not have available any emergency medicines in the surgery. The practice had an agreement with a pharmacy next door to supply medicines when required.

At this follow up inspection we saw that the practice had available most emergency medicines in the premises. However, there were two emergency medicines that were not kept in the practice and these related to the treatment of anaphylaxis and hypoglycaemia. The practice had a written agreement, which we saw, with the chemist next to the surgery to supply these when needed. However, the practice planned to also stock these medicines in the surgery following the inspection. We looked at the opening hours for the chemist which confirmed that the chemist was open when the surgery was open.

When we inspected the practice in September 2016 we saw arrangements were not in place to ensure emergency medical equipment were available. At this inspection we saw that appropriate emergency medical equipment including a defibrillator and oxygen were available and were checked monthly to ensure they were in good working order.

Are services caring?

Our findings

At our previous inspection on 6 September July 2016, we rated the practice as requires improvement for providing caring services. Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. The practice was aware of the national patient survey results but there was no formal plan to identify how the practice intended to make improvements.

At this inspection we saw the practice had made arrangements to address the above area and its in-house survey demonstrated improvement. The latest GP patient survey demonstrated a slight improvement in comparison to the previous national survey in relation to the quality of consultation with a GP.

Care planning and involvement in decisions about care and treatment

The practice had carried out in-house survey in December 2016 on the quality of consultations with a clinician using questions from the GP patient survey. The practice had received 46 responses and analysis of results showed positive feedback from patients. For example, patients were asked about the thoroughness of the consultation and 17 patients rated the consultation as excellent, 11 as very good and eight as good. Patients were asked how well the clinician listened to what they had to say and 16 rated the consultation as excellent, 13 very good and eight as good. The survey explored how well the clinicians explained tests and treatments to patients and the feedback received showed 18 patients rated their consultation as excellent, 12 as very good and six as good. For the question regarding caring and concern shown by the clinician during their consultation 19 patients rated their experience as excellent, 10 as very good and seven as good.

We looked at the latest national GP patient survey published in July 2017 which showed that patients rated the practice lower than others for some aspects of care. For example;

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.

- 68% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 89%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 62% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 85% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 9%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.

Although patients rated the practice lower than others for some aspects of care, minutes of meetings we looked at during this follow up inspections showed that the practice had discussed ways to improve. For example, the practice had received the Royal College of General Practitioners (RCGP) toolkit for collaborative care and support planning as well as for responding to the needs of patients with multi-morbidities. These toolkits offered a framework, which recommended a proactive holistic, flexible, and tailored approach to care. The practice manager told us that these guidance's also provided some advice on how consultation could be improved and minutes of meeting we looked at showed that these were discussed. For example, the RCGP guidance discussed the need to offer double appointments where appropriate. The practice notified patients in reception so that they could ask for double appointments if they needed longer time with a clinician.

Are services caring?

We were told that in April 2017 the practice had commissioned an external agency to carry out further patient surveys. These questionnaires were posted out to some patients and the practice was due to receive analysis from the external agency within the next couple of weeks.

The practice was also conducting the NHS Friends and Family Test (FFT) through text message following consultations. Between December 2016 and June 2017, the practice had received feedback from 116 patients. The results showed that 48 patients stated that they were extremely likely to recommend the practice to their friends and family and 54 were likely. However, six patients stated that they would neither likely nor unlikely to recommend the service; four stated they were unlikely and two patients stated that they were extremely unlikely to recommend the service to their friends and family.

Patients were able to make comments regarding their experience at the practice as part of the FFT. We saw evidence that these were discussed in meetings and used to make improvements. For example, although most feedback was positive, we saw that there were some negative comments related to delays in waiting to be seen by a clinician. Minutes of meeting we looked at showed that staff were told to explain to patients when there were delays and a notice had been put up in the reception area to inform patients to approach reception if they had been waiting more than 30 minutes. The practice had also amended its patient's charter to state that patients should not expect to wait more than 30 minutes without an explanation of the delays and we saw this was displayed in the waiting area.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 6 September July 2016, we rated the practice as requires improvement for providing well-led services. Governance processes were not effective to identify and manage risks.

At this follow up inspection it was evident that the practice had taken action following the previous inspection and had developed a proactive approach to identifying and managing risks.

Governance arrangements

When we inspected the practice in September 2016 the practice was unable to demonstrate an effective system to manage risks to patients. For example, processes were not effective to ensure safety alerts could be received and actioned in a timely way. The practice did not have appropriate arrangement to manage patients on high risk medicines or to respond to medical emergencies. At this inspection we saw that the practice had taken a proactive step to mitigate these risks.

During our previous inspection we saw that the practice specific policies were available to all staff but were not always embedded. For example, the practice had a policy to enable homeless patients to register, but as staff were unaware of the policy there was a risk it would not be followed through in practice.

During this inspection we were shown guidance issued by NHS England to patients on how to register with a GP practice in March 2017. The guidance also included message to the GP practice on registering vulnerable groups such as the homeless, asylum seekers and refugees. Minutes of meeting we looked at showed that this was discussed with staff and a reception staff we spoke with was aware of the guidance on registering patients particularly from vulnerable groups.

The provider did not have effective oversight to ensure that they could assess and monitor the quality of the service, for example, the practice manager was developing care plans for patients at risk of unplanned admission without clinical involvement. The GP was unaware of this and was unable to access these care plans on the system to check if they were appropriate.

At this follow up inspection we saw evidence that the GP carried out face to face care plan reviews. We saw evidence that the GP was reviewing and updating care plans at multi-disciplinary meetings and they were able to demonstrate how to access care plans on the patient record system.

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

During our previous inspection in September 2016 we saw that the practice had sought patients' feedback and engaged patients in the delivery of the service. However, there was no clear evidence to show the provider had used this feedback with a view to developing action plans to improve the service.

At this follow up inspection minutes of meeting we looked at showed that the practice had discussed ways to improve achievement in the national GP patient survey. For example, the practice had discussed the RCGP toolkit as a way to improve quality of consultations as this was an area where patients had rated the practice below local and national averages.

The practice had carried out an in-house survey on the quality of consultations to monitor improvement and was implementing suggestions from patients through the NHS Friends and Family Test (FFT).