

Dr Chandrika Ramu

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

Requires improvement



Are services safe?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Chandrika Ramu on 19 May 2015. Breaches of the legal requirements were found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches. You can read the report from our last comprehensive inspection by selecting 'all reports' link for Dr Chandrika Ramu on our website at www.cqc.org.uk.

We undertook this focussed inspection on 14 April 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements.

Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. For example, the practice had undertaken risk assessments for fire safety and legionella. However, they had not taken action to mitigate the risks identified.
- All staff had been trained to the appropriate level in safeguarding and had Disclosure and Barring Service (DBS) checks. The practice maintained records of checks undertaken for locum staff working in the practice. However, we found that other recruitment checks had not been carried out prior to employing staff. All staff had had an appraisal in the last 12 months and these were recorded in their personnel files.
- The practice kept records of checks of medication, and had a system for storing blank prescriptions securely.
- The practice had a designated lead member of staff for infection prevention and control, and clinical staff had received infection control training.
- Emergency equipment and medicines were stored together, checked regularly and the practice kept records of these checks. However, we found that an oxygen face mask which had been out of date at our inspection on 19 May 2015 was still out of date.

Summary of findings

- The practice had carried out clinical audits but could not demonstrate that these had led to improvements in the quality of care. The practice did not carry out regular quality audits to monitor the quality and safety of services.

The areas where the provider must make improvements are:

- Ensure action plans to address identified risks are implemented in a timely manner.
- Ensure staff receive fire safety training.
- Ensure that completed clinical audit cycles and quality audits are driving quality improvement.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Ensure all equipment is fit for purpose and within manufacturers' expiry dates.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff did not have a common understanding of what constituted a significant event. Significant events had not all been appropriately reported and recorded.
- Staff had not undertaken training in safeguarding children or vulnerable adults to the appropriate level.
- There were no records to demonstrate that checks on medicines kept in the practice had been carried out and by whom. Blank prescription forms were not always kept securely and tracked through the practice.
- There was no designated member of staff with lead responsibility for infection control, and staff had not been trained or undertaken audits to identify infection control risks. The practice had not considered the risks associated with Legionella (a germ found in the environment which can contaminate water systems in buildings).
- Recruitment checks had not always been undertaken when employing staff. A risk assessment had not been undertaken to determine the roles required to have Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Records were not kept to confirm that emergency medicines and equipment were regularly checked and we found an oxygen face mask that was out of date. Emergency medicines and medical equipment were stored in different areas of the practice.
- The practice had not carried out a fire risk assessment and did not have a fire safety action plan. Staff had not received fire safety training and had not practised regular fire drills.

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

- All staff understood what a significant event was and the practice recorded, investigated and learned from significant events that took place.

Requires improvement



Summary of findings

- All staff had been trained to the appropriate level in safeguarding.
- The practice kept records of checks of medication, and had a system for storing blank prescriptions securely.
- The practice had a designated lead member of staff for infection prevention and control, and clinical staff had received infection control training. Staff undertook regular cleaning checks. The practice had carried out a risk assessment for legionella but did not carry out regular water system flushing or temperature monitoring.
- All staff had had DBS checks. However, we found that other recruitment checks had not been carried out prior to employing staff.
- Emergency equipment and medicines were stored together, checked regularly and the practice kept records of these checks. However, we found that the oxygen face mask was still out of date.

The practice had carried out a risk assessment and had a fire safety action plan. However, staff had not received fire safety training and the practice did not carry out fire drills.

Are services well-led?

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

- The practice had undertaken some clinical audits to monitor quality and systems to identify where action should be taken to improve outcomes for patients. However, information from the audits did not clearly identify the findings or any subsequent changes that had been implemented as a result.
- The practice did not have a system to undertake other audits to monitor the quality and safety of the services. For example, a training audit or plan to identify the training undertaken and required by staff.
- There was no formal system to audit the checks undertaken for locum staff working in the practice. For example, professional registration checks.
- The practice did not have an established system for managing and mitigating risks in relation to the premises, to help keep staff, patients and others safe.
- The practice did not have an active patient participation group (PPG).
- There were no records to show that appraisals had been undertaken in the last year for any of the staff in the practice.

Requires improvement



Summary of findings

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

- The practice had carried out clinical audits but could not demonstrate that these had led to improvements in the quality of care.
- The practice did not carry out regular quality audits to monitor the quality and safety of services.
- The practice maintained records of checks undertaken for locum staff working in the practice.
- The practice had undertaken risk assessments for fire safety and legionella. However, there were no other formal arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff at the practice continued to make efforts to recruit patients to take part in a PPG.
- All staff had had an appraisal in the last 12 months and these were recorded in their personnel files.

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

Requires improvement



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

At our focussed follow-up inspection on 14 April 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as requires improvement for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

People with long term conditions

Requires improvement



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

At our focussed follow-up inspection on 14 April 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as requires improvement for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Families, children and young people

Requires improvement



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

Summary of findings

At our focussed follow-up inspection on 14 April 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as requires improvement for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

Requires improvement



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

At our focussed follow-up inspection on 14 April 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as requires improvement for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

People whose circumstances may make them vulnerable

Requires improvement



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

At our focussed follow-up inspection on 14 April 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as requires improvement for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement



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

At our focussed follow-up inspection on 14 April 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as requires improvement for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Dr Chandrika Ramu

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Chandrika Ramu

Dr Chandrika Ramu provides medical care from 8am to 6.30 pm Monday to Wednesday, and on Friday. The practice is open from 9am to 1pm on Thursdays. The practice operates extended opening hours until 8pm on Wednesday evenings. Outside the practice's opening hours there are arrangements with another provider (MEDDOC) to deliver services to patients.

The practice is situated in the town of Sittingbourne in Kent and provides a service to approximately 2,400 patients in the locality. Routine health care and clinical services are offered at the practice, led and provided by the GP.

The practice has more patients registered up to the age of 18 than the national average, although it is line with the local average. There are fewer patients over the age of 65 registered at the practice than both the local and national averages, including older patients over the age of 85. The number of patients recognised as suffering deprivation for this practice, including income deprivation, is slightly lower than the local and national averages.

The practice has one single-handed female GP, who employs a part-time female health care assistant. There is no regular provision of a male GP. Regular locum practice nurses support the GP in providing clinical services. There are two administration staff and a practice manager.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

Dr Chandrika Ramu

95 High Street

Milton Regis

Sittingbourne

Kent ME10 2AR.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our

Detailed findings

visit we spoke with the GP, the practice manager and the healthcare assistant as well as one member of administration and reception staff, and reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff had a clear understanding of what constituted a significant event and there was a recording form available for staff to complete.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There were comprehensive records of significant events. The number of events recorded had increased. All events were investigated, discussed and actions reported. The practice had been unable to identify any trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that staff were thorough in recording incidents, lessons were shared and action was taken to improve safety in the practice. For example, the practice had given additional support to a patient who was found to be non-compliant in using a sharps bin at home.

Overview of safety systems and processes

The practice had some systems, processes and practices to keep patients safe and safeguarded from abuse. However, they were not always implemented well enough to help ensure patients were kept safe:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was unable to demonstrate that staff who acted as chaperones had received training in order to carry out this role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection control clinical lead. There was an infection control protocol and clinical staff and the practice manager had received up to date training. The HCA undertook a daily check of equipment cleanliness and this was recorded. An infection control audit had been carried out in December 2015 and there was an action plan to address the findings.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The practice was unable to demonstrate appropriate recruitment checks had been undertaken for all relevant staff prior to employment. For example, full employment history, interview records and references.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- A fire risk assessment had been carried out on 27 November 2015. There was a fire policy which included details of the fire procedure for staff and patients/visitors. There was a fire precautions and safety log book. This showed that the fire alarm was tested and recorded on a monthly basis. However, staff had not received fire safety training. The practice told us they were arranging fire safety training for staff, and records confirmed this.
- The practice had undertaken a risk assessment for Legionella and had had all water tanks and pipes cleaned and descaled. However, the practice had not

Are services safe?

carried out any regular water system flushing or temperature monitoring and recording, despite this being recommended in the legionella risk assessment report.

- The practice had not undertaken any other risk assessments to monitor the safety of the premises such as security or the control of substances hazardous to health.

Arrangements to deal with emergencies

The practice had arrangements to respond to emergencies.

- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available on the premises. Records showed that emergency equipment was regularly checked. However, the oxygen face mask was still out of date.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services well-led?

Requires improvement 

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

Our findings

Governance arrangements

- The practice was unable to demonstrate that clinical audits were driving quality improvements. There had been two clinical audits carried out in the last two years. For example, an audit of osteoporosis patients in September 2015. However, none of these were complete audit cycles where improvements had been implemented and monitored.
- The practice was unable to demonstrate they were carrying out regular audits to monitor the quality and safety of services.

- All locum staff were employed through an agency. We saw evidence that necessary recruitment checks were carried out prior to employing locum staff and evidence of this was retained in locum staff files by the practice for audit purposes.

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

- The practice continued to promote the benefits of a patient participation group (PPG) and attempt to recruit members.

Continuous improvement

- All staff had had an appraisal in the last year and there was evidence that training needs were discussed and recorded at staff appraisals and at staff meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to manage the risks associated with legionella and to train staff to protect people in the event of fire.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(d)(e)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not established systems or processes that were effectively operated to ensure that the quality and safety of the services provided in the carrying on of the regulated activities were assessed, monitored and improved, because the provider had not carried out audits, including the completion of clinical audits.</p> <p>This was in breach of Regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have established recruitment procedures that operated effectively to ensure that information was available in relation to each person</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

employed for the carrying on of the regulated activities, because the provider had not sought references or reviewed a full employment history for staff employed as specified in Schedule 3, and the risks had not been assessed in relation to this.

This was in breach of Regulation 19(3)(a) – Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.