

# Dr Yella Sambasivarao

## 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 effective?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Dr Yella Sambasivarao practice on 26 August 2015. This was to check that improvements had been made to meet legal requirements following our comprehensive inspection on 17 November 2014.

Overall the practice is rated as good. Our key findings across the areas we inspected were as follows:

- Appropriate standards of cleanliness and hygiene were followed.
- A robust system was in place for identifying, recording and learning from safety incidents and significant events.
- Systems were in place to keep patients safe and to protect them from harm. Staff recruitment, infection control and chaperone procedures had been strengthened.
- Appropriate emergency equipment and medicines were available to deal with emergencies.
- The systems for ensuring that patients were referred promptly to other services had been strengthened.

- Clinical audits were used to improve the outcomes for patients, and provide assurances as to the quality of care.
- Minor surgery was delivered in line with current best practice, and the practice had obtained approval from NHS England to carry out such procedures.
- All staff had received recent training on the Mental Capacity Act (2005) to ensure they understood the principles of the act and the safeguards.
- Further systems had been put in place to drive improvements and to monitor the quality of services provided.
- A robust appraisal system had been put in place to support the learning and development needs of staff.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should :

Further strengthen ways in which the service seeks and acts on patients' views in regards to the care and treatment provided.

**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 good for providing safe services.

Appropriate standards of cleanliness and hygiene were followed. A robust system was in place for identifying, recording and learning from safety incidents and significant events. Information about safety was recorded, monitored, appropriately reviewed and addressed. Systems were in place to keep patients safe and to protect them from harm. The procedures relating to staff recruitment, infection control and chaperone duties had been strengthened. Further emergency equipment and medicines were available to deal with emergencies.

Good



### Are services effective?

The practice is rated as good for providing effective services.

The systems for ensuring that patients were referred promptly to other services had been strengthened. Clinical audits were used to improve the outcomes for patients, and provide assurances as to the quality of care. Minor surgery was delivered in line with current best practice, and the practice had obtained approval from NHS England to carry out such procedures. All staff had received recent training on the Mental Capacity Act (2005) to ensure they understood the principles of the act and the safeguards

Good



### Are services well-led?

The practice is rated as good for being well-led.

The governance arrangements had been strengthened to ensure the services were well-led. Further systems had been put in place to drive improvements and to monitor the quality of services provided. However, practice staff had yet to carry out audits at regular intervals to provide assurances that infection control policies were being followed. A robust appraisal system had been put in place to support the learning and development needs of staff. The practice needs to further strengthen ways in which it seeks and acts on patients' views, in regards to the care and treatment provided.

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 practice is rated as good for the care of older people. This is because the issues which led to the population groups been rated as requires improvement have now been addressed.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. This is because the issues which led to the population groups been rated as requires improvement have now been addressed.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. This is because the issues which led to the population groups been rated as requires improvement have now been addressed.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). This is because the issues which led to the population groups been rated as requires improvement have now been addressed.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. This is because the issues which led to the population groups been rated as requires improvement have now been addressed.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). This is because the issues which led to the population groups been rated as requires improvement have now been addressed.

Good



# Summary of findings

## Areas for improvement

### **Action the service SHOULD take to improve**

Further strengthen ways in which the service seeks and acts on patients' views in regards to the care and treatment provided.

# Dr Yella Sambasivarao

## Detailed findings

### Our inspection team

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

Our inspection team included a CQC inspector.

## Background to Dr Yella Sambasivarao

Dr Yella Sambasivarao provides primary medical services to approximately 2,500 patients in the Hyson Green, Broxtowe, Carrington, Bilborough and Derby Road area of Nottingham. The practice provides a range of services including the treatment of minor injuries, minor surgery, family planning, maternity care, vaccinations and clinics for patients with long term conditions.

Dr Yella Sambasivarao is a single handed male GP who manages the practice; no other GPs work at the surgery. The staff team includes five administrative staff, a practice manager, a nurse practitioner and two practice nurses. All staff work part time.

The practice holds the General Medical Services (GMS) contract with the NHS to deliver essential primary care services. The practice opted out of providing the out-of-hours services to their own patients when the practice is closed. Information was available on the website and on the practice answer phone advising patients of how to contact the out-of-hours service outside of practice opening hours.

## Why we carried out this inspection

We undertook an announced focused inspection of Dr Yella Sambasivarao practice on 26 August 2015. This inspection was carried out to check that improvements had been made to meet legal requirements following our comprehensive inspection on 17 November 2014. We inspected the practice against three of the five questions we ask about services: are services safe, effective and well-led, and against the six population groups. This was because the practice was not meeting some legal requirements.

# Are services safe?

## Our findings

### Safe track record and learning

We found that systems were in place for identifying, recording and learning from safety incidents and significant events. We looked at the records of incidents and significant events since November 2014. Records showed that the events had been appropriately recorded and managed, and that improvements had been made and lessons were shared with the staff team to minimise further incidents. The practice's reporting of incidents and events had increased significantly since our previous inspection in November 2014.

We noted that the significant events policy set out some examples of what may be considered a significant event. Staff we spoke with had an understanding of incidents that could be considered a significant event, such as complaints or delayed cancer diagnosis.

### Overview of safety systems and processes

The following procedures and systems were in place to help keep people safe:

- The practice had transferred to a new centralised clinical system in February 2015. This enabled new patients' records to be transferred electronically from their previous GP in a timely way. We saw that the practice's electronic records included an alert system to highlight vulnerable patients, including children and adults. This ensured that patients were clearly identified and reviewed, and that staff were aware of any relevant safeguarding issues when they attended appointments, or contacted the practice.
- A chaperone policy was available to staff, which was specific to the practice. Records showed that all staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There were plans to increase the cleaning hours, to enable staff to carry out all essential cleaning tasks in a timely way. Almost all ground floor patient areas had been re-furnished since November 2014. The

refurbishment programme included replacement of the sinks, skirting boards, carpets, seating and re-decoration. The remaining areas including the baby changing room, patient toilets and corridor areas were due to be re-furnished by the end of September 2015.

- Records showed that all staff had received recent training on infection control and hand washing in February 2015.
- An external provider completed an infection control audit on 16 June 2015, to review progress set out in the action plan from their previous audit dated June 2013. The latest audit showed that the standards had improved; the practice had achieved compliance in five out of eight areas, compared to the previous audit, where full compliance was achieved in just one area. Further actions had been set out to achieve full compliance. The practice manager planned to establish an annual internal audit by the end of December 2014, to monitor the standard of cleanliness, and ensure that appropriate practices were being followed.
- Some regular checks were carried out to help reduce the risk of Legionella. We received assurances that a Legionella risk assessment would be completed by 30 September 2015 to identify actual risks within the water system, and all measures that needed to be in place to minimise the risks.
- The practice manager assured us that they had records to show that all relevant staff were protected from Hepatitis B. However, the records were not available during the inspection. Following the inspection, we received confirmation that all relevant staff had received the necessary checks for Hepatitis B and were appropriately protected.
- Robust recruitment procedures had been put in place to ensure that new staff were suitable to carry out the work they were employed to do, and that the information required by law is obtained.
- Records showed that appropriate checks had been carried out to ensure that the nurses and the GP were registered to practice with their relevant professional bodies.

### Arrangements to deal with emergencies and major incidents

The following arrangements were in place to deal with emergencies and major incidents:

## Are services safe?

- Fire safety issues from the previous inspection had been addressed. Arrangements were in place to ensure that all staff knew how to evacuate the premises, and what to do in the event of a fire. All staff had attended recent refresher fire training, and three monthly fire drills were carried out. Fire marshals had also been appointed and had attended training to assist during a fire evacuation.
- The fire alarm system was serviced at the required intervals to ensure it was working properly. A new fire alarm system was due to be installed by 31 October 2015 to fully comply with current safety standards.
- All staff were due to attend refresher emergency life support training on 24 September 2015, which included the use of emergency equipment.
- The practice had reviewed essential emergency medicines and equipment they needed to keep. The practice had purchased a defibrillator, which may be used to attempt to restart a person's heart in an emergency. They had also purchased an Electrocardiogram (ECG) machine, which records the rhythm and the electrical activity of a patient's heart. The two GP practice's located on the same premises had jointly purchased the above equipment, and there was an arrangement between the surgeries to share the equipment. Essential emergency medicines were easily accessible to clinical staff as they were now kept in all the consulting rooms.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Management, monitoring and improving outcomes for people**

We noted the following improvements:

Further clinical audits had been completed since our previous inspection in November 2014. These were linked to medicines information or as a result of information from the quality and outcomes framework (QOF). The audits were used to improve the outcomes for patients, and provide assurances as to the quality of care. For example, a recent audit was completed to establish if patients who had had a myocardial infarction (heart attack) were on appropriate medication. This had resulted in some patients' medication being reviewed and changed in line with current best practice.

The practice was registered to carry out minor surgical procedures. Minor surgery was delivered in line with current best practice, and the practice had obtained approval from NHS England to carry out such procedures. A register was kept of all surgical procedures carried out, including the outcome of the surgery and histology results. Records showed that the GP had attended essential training to update their knowledge and skills to carry out minor surgery. Monthly audits were also carried out to oversee the effectiveness of the treatment and the incidence of complications such as infection rates.

The quality and outcomes framework (QOF) is a national incentive performance measurement tool. The QOF data for 2013/14 showed that the practice scored below the national and local average score in several clinical areas. Improved systems and action plans had been put in place to drive improvements, and to ensure that a diagnosis was coded correctly on a patient's electronic records, and that health reviews were been completed within the required time scale.

### **Coordinating patient care and information sharing**

The systems for ensuring that patients were referred promptly to other services had been strengthened. The introduction of a centralised clinical system in February 2015 had improved the transfer of information from the clinicians to the secretary who sent the referrals, due to the level of information required by the system to enable them to send referrals. A new task system had helped to reduce any miss-placed referrals. Recent completed referrals we looked at included essential information and had been sent in a timely way.

### **Consent to care and treatment**

Records showed that all staff had received in-house training on the Mental Capacity Act (2005) in July 2015 to ensure they understood the principles of the act and the safeguards.

# Are services well-led?

Good 

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

## Our findings

We noted the following improvements:

### Governance arrangements

- Various key policies including staff recruitment, chaperoning and significant events had been updated to ensure these were specific to the practice. These were available to staff electronically.
- More structured systems were in place to ensure the effective governance of the practice. Senior managers held regular meetings to discuss the business, finances, and performance. Monthly clinical meetings were now held, which all clinicians attended. This enabled staff to discuss changes to practice and drive improvements. Minutes of meetings were available.
- The quality and accuracy of records supported the effective management of the service. More robust systems had been put in place for gathering, recording and reviewing information about the quality and safety of services that people received. For example, the quality and outcomes framework (QOF) data for 2013/14 showed that the practice scored below the national and local average score in several clinical areas. Robust action plans had been put in place to drive the required improvements, which were being monitored.
- Further clinical audits had been completed since our previous inspection in November 2014. The audits were used effectively to improve the outcomes for patients, and provide assurances as to the quality of care.

The learning and development needs of staff were identified through an annual appraisal system, regular meetings and reviews. A robust appraisal system had been put in place, and all staff had received a recent performance review except for one person who had been off work. Two completed appraisals we looked at were recorded on an appropriate form, which the appraiser and the employee had signed. The appraisals included a review of staff's performance and future learning and development needs.

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

The practice mostly obtained feedback from patients through complaints and informal processes. The practice was making efforts to strengthen ways in which it seeks and acts on patients' views in regards to the care and treatment provided. The practice was working to re-establish a Patient Participation Group (PPG), which was last active in 2012. The PPG is a group of patients who work with the practice to represent the interests and views of patients, to improve the service provided to them. Four patients had expressed an interest in joining the PPG. An initial meeting was organised on 29 July 2015, where patients were invited to attend. Unfortunately no patients attended. The practice was setting another date for the meeting.

The practice had reviewed and updated their patient satisfaction survey. This was available to patients to complete in the reception area. The practice manager confirmed that only one patient had completed the survey in 2015. The feedback was positive.