Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni

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 well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni, also known as Rowlands Road Surgery on 3 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni on our website at www.cqc.org.uk.

This inspection was an announced follow up inspection carried out on 27 March 2017 to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 3 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- Since our comprehensive inspection, which took place in August 2016 documents we viewed as part of our follow up inspection showed that lessons from incidents were shared. The practice was able to demonstrate that actions had been taken to prevent the same thing happening again.
- Previously, documents we viewed showed that some risks were not effectively managed. For example, risk associated with the building, recruitment checks and business continuity planning. During the follow up inspection we saw that risk assessments were practice specific, staff had received immunity checks and training to enable them to carry out their role safely and effectively.
- When we carried out our comprehensive inspection, governance arrangements were not effectively managed. As a result, some risks had not been identified or well managed and we saw some policies which were not practice specific. At the follow up inspection we saw that arrangements for identifying, recording and managing risks, and implementing mitigating actions had been established. Policies had been reviewed and were practice specific.
- Quality Outcomes Framework (QOF) performance during 2015/16 showed that the practice completed

Summary of findings

75% of dementia reviews. Unverified data provided by the practice during the follow up inspection showed that this had increased to 80%. Staff we spoke with explained that this increase was due to correct recording and proactive identification of dementia patients.

- Staff we spoke with during the comprehensive inspection explained that the last multidisciplinary meeting held to discuss patients with end of life care and complex needs had not taken place for over 12 months. Members of the clinical team we spoke with as part of this inspection told us that the practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, the practice attended palliative care meetings every three months; we saw evidence of a meeting which took place in March 2017.

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?

Good

At our inspection on 3 August 2016, we rated the practice as requires improvement for providing safe services as the practice were not proactive in utilising opportunities from incidents to support learning and service improvement. Systems and processes to address some risks were not always sufficiently effective to ensure patients were kept safe. For example, risks relating to infection control, health and safety, disaster recovery, recruitment and staffing. These arrangements had significantly improved when we undertook a follow up inspection on 27 March 2017. For example:

- Previously it was not clear from the documentation viewed that the practice was proactive in using incidents both positive and negative to support learning and service improvement. As part of the follow up inspection we saw lessons were being shared and actions had been taken following incidents to prevent the same thing happening.
- During the previous inspection, staff were unable to provide records to demonstrate whether immunisations had been carried out for staff who handled specimens and staff were unable to provide evidence of completed training to enable non-clinical staff to carry out this role effectively. Documentation we viewed during the follow up inspection showed that staff had received immunity checks, vaccinations and had completed appropriate training.
- From the personnel files we checked during the first inspection we saw that that proof of identification were not located in some files and Disclosure and Barring Service checks (DBS) had not been carried out for some staff prior to employment. During this inspection, we reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment.
- Previously we saw that risk assessments associated with the premises' were not practice specific or dated and fire safety check logs did not distinguish between fire alarm checks and fire drills. Documents we viewed as part of the follow up inspection such as risk assessments, the practice business continuity plan and the recording of fire alarm checks and fire drills had improved.

Summary of findings

Are services well-led?

Good

During the comprehensive inspection in April 2016, we rated the practice as requires improvement for well-led as some governance arrangements needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 27 March 2017. For example:

- At the August 2016 comprehensive inspection, some systems, processes and risks had not been established or operated effectively. Since the inspection, the practice strengthened their management of risks. For example, a full time practice manager was appointed, a designated health and safety lead had been established; policies were practice specific and a comprehensive business continuity plan for managing major incidents was in place.
- Previously system for recording and learning from verbal complaints was not effective. When we carried out the follow up inspection, we saw that the practice kept a log of all complaints received. Meeting minuets' showed that lessons were learned and actions had been taken following significant events and complaints.
- During the comprehensive inspection, there were limited evidence that the practice had been proactive in obtaining feedback from patients, the public and staff. Evidence of engagement with the patient participation group was limited. Documentation we viewed as part of the follow up inspection showed that the practice actively obtained feedback from patients and were working with the PPG. A number of internal surveys had been completed and shared with the PPG to assess patient satisfaction.

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 the concerns for safety and well-led identified at our inspection on 27 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for safety and well-led identified at our inspection on 27 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for safety and well-led identified at our inspection on 27 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety and well-led identified at our inspection on 27 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safety and well-led identified at our inspection on 27 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The provider had resolved the concerns for safety and well-led identified at our inspection on 27 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Summary of findings

What people who use the service say

Results from the national GP patient survey published in July 2016 showed that the practice was mostly performing either in line or above local and national averages in a variety of areas. Three hundred and twenty-five survey forms were distributed and 101 were returned. This represented 31% completion rate.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

When we carried out the August 2016 inspection we received 41 comment cards which were very positive about the standard of care received. A small proportion of patients (three) said they had difficulty obtaining an appointment. We also spoke with seven patients during the first inspection, including two members of the practice's patient participation group (PPG). All but one patient said they were satisfied with the care they received. Most patients found it easy to get an appointment and found all staff helpful and caring. We received 40 completed CQC comment cards as part of our follow up inspection. Comments were all positive about the standards of care received. For example, patient were satisfied with the care provided, staff provided an excellent service, very helpful, friendly and patients commented on how comfortable staff made them feel. We spoke with two members of the PPG whose comments were also aligned to the CQC comment cards. However, 13% of patients commented on difficulties getting appointments.

Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni

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 Srinivas Rao Dasari and Dr Raveendra Katamaneni

Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni also known as Rowlands Road Surgery is located in Yardley, West Midlands situated in a converted house; 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 Srinivas Rao Dasari and Dr Raveendra Katamaneni are below the national average, ranked at four out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Based on Public Health England data the estimated ethnicity of the practice patient population are 3% mixed, 16% Asian, 5% black. The practice serves a higher than average patient population aged 10 to 19, 30 to 95s and over; and below average for ages 20 to 29.

The patient list is approximately 2,100 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients; for example, Childhood Vaccination and Immunisation Scheme.

The surgery is situated in a multipurpose converted house; further refurbishment had been completed since the first inspection which took place on 3 August 2016. Limited on-site parking is available and designated parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of two male GP partners, a long-term locum GP (female), one practice nurse, one practice manager and an IT manager. The GP partners and practice manager form the management team and they are supported by a team of four staff members who cover reception, secretarial and administration roles.

The practice is open between 8.30am and 1.30pm; 3.30pm and 7pm on Mondays and Fridays, 8.30am and 1.30pm; 3.30pm and 6.30pm on Tuesdays and Wednesdays. Thursday opening times are between 8.30am and 1pm.

GP consulting hours are from 9am and 12.30pm; 4pm and 7pm on Mondays and Fridays, 9am and 12.30pm; 4pm and 6.30pm on Tuesdays and Wednesdays. GP consulting hours on Thursdays are from 9am and 12.30pm. The practice has

opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. During the practice in hours closure on Thursday from 12.30pm to 9am calls are taken by another provider,

Birmingham and District General Practitioner Emergency Room Group (BADGER) and passed to the GP partners to manage. In the out of hours period (6.30pm to 8am) patients also receive primary medical services through BADGER.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni also known as Rowlands Road Surgery on 3 August 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 for providing safe and well led services. This was because the provider did not operate effective systems for the identification and management of risks within the service. Including staffing, recruitment checks, those relating to health and safety of the premises, infection control and business continuity.

The full comprehensive report on the 3 August 2016 inspection can be found by selecting the 'all reports' link for Rowlands Road Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

We carried out a follow up inspection of Rowlands Road Surgery on 27 March 2017. During our visit we:

- Spoke with a range of staff such as GPs, members of the nursing team, practice manager and administrators.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- 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.

Good

Are services safe?

Our findings

At our previous inspection on 3 August 2016, we rated the practice as requires improvement for providing safe services as the practice was not proactive in utilising opportunities from incidents to support learning and service improvement. The practice did not operate effective systems to respond to risks within the service. For example, risk relating to infection control, health and safety, disaster recovery, recruitment and staffing were not effectively managed.

These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 27 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

During our first inspection the practice were able to demonstrate a system for reporting and recording significant events; staff we spoke with were encouraged to report any concerns. However, it was not clear from the evidence seen during the first inspection that the practice was proactive in using incidents both positive and negative to support learning and service improvement. During our follow up inspection staff we spoke with provided copies of incident reports which demonstrated that lessons were shared and actions had been taken to prevent the same thing happening. We reviewed incident reports and minutes of meetings where significant events were discussed. The practice carried out thorough analysis of significant events and shared findings.

The practice recorded a total of seven significant events in the past 12 months. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified the need for a more timely response to home visit requests. As a result, this led to the practice introducing a new process which required staff to put all home visit requests straight through to the duty GP; staff explained that the home visit policy was also updated to include the new process for managing requests.

Overview of safety systems and process

When we carried out our first inspection staff explained that non-clinical staff handled specimens and in the absence of the practice nurse may be required to clean spills of bodily fluids. However, members of the management team were unable to provide evidence of completed training to enable staff to carry this role out effectively. The practice were unable to provide records to demonstrate whether immunisations had been carried out for non-clinical staff, practice nurse, locum GP and one of the GP partners to protect them from viruses such as Hepatitis B. Following the inspection the practice forwarded evidence that they were in the process of checking and updating staff immunisation status. As part of the follow up inspection the practice provided documentation which demonstrated that staff had received immunity checks and vaccinations. We also saw appropriate risk assessments in place. We saw documentation which showed that staff had completed infection prevention and control training.

We reviewed two non-clinical staff and two clinical staff personnel files during the first inspection and saw that some recruitment checks such as proof of identification were not located in some files; Disclosure and Barring Service checks (DBS) had not been carried out prior to employment. During this inspection we reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) checks.

Monitoring risks to patients

The practice was undergoing refurbishment, which was nearly complete at the time of our first inspection. However, we found arrangements for managing health and safety at the practice was unclear. For example, there was a health and safety policy available which identified the local health and safety representative. However, when we spoke with this member of staff we were advised that they only lead on fire safety. Although the practice had risk assessments such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that risk assessments associated with the premises were not personalised were not dated to identify when they required a review. We also saw that fire alarms were checked on a weekly basis; logs were maintained but did not distinguish between fire alarm

Good

Are services safe?

checks and fire drills. During our follow up inspection, we saw that the refurbishment had been completed and staff we spoke with during the follow up inspection explained that a designated health and safety lead were in place; non-clinical staff we spoke with were able to confirm this. Risk assessments we viewed were personalised to the practice, policies also included date created and review dates. Documentation provided by the practice showed that fire check logs which distinguished between fire alarm checks and fire drills were being maintained.

When we carried out our August 2016 inspection we were concerned that arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs were not effective. For example, we saw that the practice nurse was working one morning a week and the practice manager worked one and a half days per week. Although staff explained that there were plans to increase nursing hours and employ a health care assistant these had not been put in place. Staff we spoke with as part of the follow up inspection told us that they were flexible with their working hours and extra clinics would be added when required. Since the previous inspection, the practice recruited a full time practice manager and was actively seeking to recruit a health care assistant. We were also told that a member of the reception team had been trained as a phlebotomist (blood taking) therefore the practice was now offering this service.

Arrangements to deal with emergencies and major incidents

When we carried out the comprehensive inspection we saw that the practice business continuity plan for major incidents such as power failure or building damage contained little detail as to what staff should do in the event of an incident. There were no contacts included for various services that might be required. Members of the management team provided copies of the practice business continuity plan as part of the follow up inspection. The plan had been updated; as a result we saw that the plan contained details of what staff should do in the event of an incident and contact details were included.

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 3 August 2016, we rated the practice as requires improvement for providing well-led services, as there were gaps in the overarching governance structure.

We issued a requirement notice in respect of these, and found arrangements had significantly improved when we undertook a follow up inspection of the service on 27 March 2017. The practice is now rated as good for being well-led.

Governance arrangements

During the August 2016 comprehensive inspection the practice had a part time practice manager, we saw that this impacted on the overall management of governance arrangements therefore oversight of some systems and processes were not being carried out effectively. As a result we saw areas where risks had not been identified or managed effectively, some policies we viewed were not practice specific and the business continuity plan had limited details on actions required in the event of service disruption. During the follow up inspection members of the management team explained that they had recruited a full time practice manager since the first inspection. We were told that policies had been reviewed and we saw that they were practice specific; policies also included date created and review dates. Since the first inspection the practice reviewed their business continuity plan for major incidents such as power failure or building damage which staff were aware of. The plan included emergency contact numbers for all staff members. Staff we spoke with were able to identify designated leads such as health and safety lead; we saw that risks were practice specific and the monitoring and recording of safety checks were carried out effectively. The practice operated an effective system for recording and monitoring training needs; as a result, we saw that training such as infection prevention and control had been completed by all staff members.

When we carried out the first inspection, we found that the practice had a system in place for handling complaints and concerns. There was a designated person responsible for handling complaints. At the time of the comprehensive inspection the practice had received three formal complaints which had been appropriately managed. Verbal complaints were being recorded directly onto patient notes. Although we saw evidence of actions taken the practice were unable to demonstrate a system to identify trends or maximise opportunities for learning from verbal complaints. Staff we spoke with as part of the follow up inspection explained that the practice reviewed the management of complaints and were now keeping a log of all complaints received. Documentation provided by members of the management team demonstrated that verbal complaints were being monitored and there were evidence of shared learning. From the complaints we viewed we saw that these were discussed during practice meetings and appropriate actions taken.

Leadership and culture

Meeting minutes' we viewed during the comprehensive inspection were not detailed and there was no set agenda to ensure that specific issues such as complaints, significant events, safety alerts were being discussed. Staff we spoke with during the follow up inspection explained that the meeting structure had been reviewed and improvements made. Documents provided by the practice demonstrated that meetings were taking place on a monthly basis. Meeting minutes we viewed showed that the practice followed standing agenda items; clinical and non-clinical team attended these meetings. Members of the management team explained that the practice also started holding meetings with the health visitors following the previous inspection to discuss a joint database of children under the age of five. We were told that this enabled the practice to share information and manage risks more effectively.

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

Previously we found that there were limited evidence that the practice had been proactive in obtaining feedback from patients, the public and staff. For example, although the practice had a patient participation group (PPG) there was little evidence as to how the PPG worked with the practice to help support service improvement. The practice were unable to provide evidence of meeting minutes' and two members of the PPG we spoke with told us that they last met in December 2015; this had been the first meeting since the previous provider had retired. During our observations we saw that the practice did not display information about the PPG. We spoke with two members of the PPG as part of this inspection who explained that they met every three months. We saw minutes', which showed

Are services well-led?

Good

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

that the PPG met in March 2017 and the next scheduled meeting was June 2017. Meeting minutes' showed that the practice shared with the PPG a did not attend (DNA) appointment audit which the practice carried out between January and February 2017. The practice shared an updated DNA policy, which they intended to implement in an attempt to reduce the number of DNAs, which were 114 within the audit time period.

The PPG also explained that the practice arranged a presentation from the Clinical Commissioning Group medicine management team to discuss the impact caused when not using medicines as directed and over ordering. We were told that the PPG were exploring ways of raising patient awareness.

The practice carried out an internal survey in February 2017 to assess patient satisfaction. Sixty-five survey forms were handed out and the practice received 58 completed forms. The practice developed an action plan to address areas such as appointment access. As a result, the practice increased the practice nurse clinics from three sessions to four and a new telephone system had been installed to improve telephone access. The practice also encouraged patients to complete the friends and family comment cards. Data provided by the practice showed that 89% of patients would recommend the practice to friends and family.