

Ramanathan Surgery

Quality Report

83 London Road, Rayleigh, Essex

SS6 9HR

Tel: 01268784003

Website: www.williamhaveysurgery.co.uk

Date of inspection visit: 7 February 2018

Date of publication: 27/02/2018

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?

Good



Summary of findings

Contents

Summary of this inspection

Letter from the Chief Inspector of General Practice

Page

2

The six population groups and what we found

3

Detailed findings from this inspection

Our inspection team

4

Background to Ramanathan Surgery

4

Why we carried out this inspection

4

Detailed findings

5

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ramanathan Surgery on 19 July 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Ramanathan Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 February 2018 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 19 July 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There were systems in place to ensure that patients prescribed a high risk medicine in a secondary care setting were being monitored appropriately.
- Clinical staff had access to the latest guidance from National Institute for Clinical Excellence (NICE).
- Care and treatment was provided in a safe way to patients.
- The practice had considered ways to improve the level of patient involvement and satisfaction in their care.
- The practice had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Ramanathan Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist adviser.

Background to Ramanathan Surgery

Ramanathan Surgery, also known as William Harvey Surgery, is located in a residential area in Rayleigh, Essex. It is located within two large converted houses over two floors. There is very little allocated parking although there is restricted street parking available.

At the time of our inspection the list size was 4226. There are low levels of deprivation within this practice population. There are slightly lower levels of patients with a long term condition compared to the clinical commissioning group (CCG) and national average. There are slightly higher than CCG and national average levels of unemployment.

Why we carried out this inspection

We initially undertook a comprehensive inspection of Ramanathan Surgery on 14 December 2015. At the December 2015 inspection the practice was rated as

inadequate overall. Specifically they were rated as inadequate for safe and well-led, requires improvement for effective, caring and responsive. The practice was placed into special measures for a period of six months.

We undertook a second comprehensive inspection of Ramanathan Surgery on 16 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing caring services, requires improvement for providing safe and well-led services, and good for effective and responsive services. The practice special measures period was extended further. We also issued a warning notice to the provider in respect of safe care and treatment; and a requirement notice in respect of good governance.

We undertook a third announced comprehensive inspection of Ramanathan Surgery on 19 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made, to follow up on their warning notice and to assess whether the practice could come out of special measures. The practice was rated as requires improvement for providing safe and caring services, and good for providing effective, responsive and well-led services. The practice came out of special measures.

The full comprehensive reports for these inspections can be found by selecting the 'all reports' link for Ramanathan Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Ramanathan Surgery on 7 February 2018. 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.

Are services safe?

Our findings

At our first inspection on 14 December 2015 we rated the practice as inadequate for providing safe services. The systems around the reporting, recording and sharing lessons from significant events was not completed in accordance with practice policy. Recruitment checks were incomplete, for example, not all personnel files contained identity checks or disclosure and barring checks (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.) Emergency medicines were incomplete, and the practice did not have an adequate emergency oxygen supply. There was no defibrillator and the need for this had not been risk assessed. We found out of date needles in the treatment room. There were not adequate arrangements in place to cover staff shortages.

At our second inspection on 16 August 2016 we rated the practice as requires improvement for providing safe services. Improvements had been made following the December 2015 inspection however there were other areas that had been identified as a concern. Not all staff had heard of the Duty of Candour and understood their duties in relationship to it. There was no effective system in place to ensure safety and medicine alerts were actioned to protect patient safety. There was no effective system in place to ensure patients were consistently reviewed to ensure the safe prescribing of medicines. Staff were unclear as to whom the infection control lead was in the practice.

At our third inspection on 19 July 2017, we rated the practice as requires improvement for providing safe services as the arrangements for the management of patients prescribed high risk medicines in secondary care required strengthening.

These arrangements had significantly improved when we undertook a follow up inspection on 7 February 2018. The practice is now rated as good for providing safe services.

Risks to patients

Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Safe and appropriate use of medicines

The practice had systems in place for appropriate and safe handling of medicines.

- High risk medicines prescribed in secondary care were not available as a repeat prescription. These medicines were flagged on prescriptions to ensure appropriate checks had been made prior to prescribing.
- In addition, the practice ran regular searches to check that patients prescribed these medicines had received appropriate monitoring.
- The practice had spoken with the secondary care provider and received the results of any tests completed by the secondary care provider.

Are services caring?

Our findings

At our first inspection on 14 December 2015 we rated the practice as requires improvement for providing caring services. Data showed that patients rated the practice lower than others for several aspects of care. The practice had only identified 0.2% of patients as carers; there was no system in place to actively identify carers.

At our second inspection on 16 August 2016 we rated the practice as inadequate for providing caring services. We found that the areas identified as requiring improvement at the first inspection had not sufficiently improved. Data from the national GP patient survey, published in July 2016, showed patients rated the practice lower than others for many aspects of care. The practice had identified 0.3% of their patient list as carers.

At our third inspection on 19 July 2017, we rated the practice as requires improvement for providing caring services as although improvements had been made, patients were not sufficiently involved in conversations about their care and services.

These arrangements had significantly improved when we undertook a follow up inspection on 7 February 2018. The practice is now rated as good for providing caring services.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Support was available to help patients and their carers find further information and access community and advocacy services.
- Interpretation services were available for patients who did not have English as a first language.
- Clinicians had reviewed their consultation styles and had made changes to enable patients to be more

involved in decisions about their care and treatment. For example, they now had visual aids to assist in explaining to patients what was happening in their bodies.

- We reviewed 20 random anonymised patient care records and found evidence where appropriate, of patients' involvement in decisions about their care and treatment.
- We reviewed three compliments letters, from the last three months, which specifically mentioned the GP explaining treatment to them to enable them to make informed decisions about their care. One commented that where they had decided not to proceed with a treatment option, the risks were explained by the GP and alternatives, including lifestyle changes and guidance, given. They said they felt supported by the GP in their choice.

Results from the national GP patient survey, published in July 2017, showed patients were less satisfied with their involvement in planning and making decisions about their care and treatment, than the national and clinical commissioning group averages (CCG). The practice had completed their own snap shot poll of patients' views on their involvement with 40 patients on one day and found that 90% of patients asked, felt they were either always involved in decisions about their care, or most of the time involved. Where a patient felt they were never involved, the practice asked them to give feedback so they could improve this and also made an offer for the patient to join to patient participation group (PPG).

We spoke with four patients on the day of our inspection about their involvement in their care. They all commented that they felt involved in decisions about their care, that the GP listened to them and understood their wishes.