

The Summitt Practice

Inspection report

East Ham Memorial Hospital
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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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at The Summitt Medical Practice on 5 August 2019. This inspection was a comprehensive follow up inspection to check whether or not sufficient improvement had been made since our last comprehensive inspection on 4 January 2019. At that inspection we had found issues around safety management, governance and recruitment procedures, as well as the low uptake of childhood immunisations.

As a result of our findings at that inspection, the practice was rated as inadequate and placed into special measures for a period of six months. Warning Notices were issued under Regulations 12 and 17 of the Health and Social Care Act 2008. These were followed up at an inspection which took place on 9 May 2019. At that inspection we found improvements had been made and the issues contained within the warning notices had largely been addressed. However additional breaches of Regulation 17 were found in relation to record keeping and risk management.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as **requires improvement** overall and **requires improvement** for all population groups.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients did not always receive effective care and treatment that met their needs.
- Patient's overall experience of appointments was not always positive.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed did not always promote the delivery of high-quality, person-centre care.

We rated the practice as **requires improvement** for providing effective services because:

- There was limited evidence of quality improvement activity.
- We have rated one of the population groups in the effective key question as inadequate and the other populations groups as requires in improvement. This means that the effective key question is rated requires improvement overall.

We rated the practice as **requires improvement** for providing caring services because:

- Feedback from patients was variable about the way staff treated people.

We rated the practice as **requires improvement** for being well-led because:

- While the practice had made some improvements since out inspection on 4 January 2019, performance around patient experiences of appointments remained persistently below average. Measures taken by the practice to improve had not demonstrated material improvement.

We rated the practice as **good** for providing safe and responsive services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Specifically, in respect of quality improvement activity and the practice's performance in the National GP patient survey.

The areas where the provider **should** make improvements are:

- Review and improve the sharing of information about premises safety with the landlord.
- Review and improve performance in childhood immunisations and cervical screening.

Overall summary

- Review and improve quality improvement activity, particularly activities which are independent of local initiatives.
- Continue to and improve patient feedback about their experience of appointments.

(Please see the specific details on action required at the end of this report).

Due to the inadequate rating for one of the population groups this practice will remain in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP Chief

Inspector of General Practice

Overall summary

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist adviser, a practice manager specialist adviser and a practice nurse specialist adviser.

Background to The Summitt Practice

The Summit Practice is in the London Borough of Newham and situated on the ground floor of East Ham Memorial Hospital building. The practice is a part of the NHS Newham Clinical Commissioning Group (CCG) and holds a General Medical Services (GMS) Contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and provides NHS services to approximately 2500 patients.

The practice serves a diverse population where most patients are from a Black and Minority Ethnic background. The practice has a relatively small population of people aged over 65 years of age at 7% compared to 17% nationally. The practice locality is placed at the third decile out of ten on the deprivation scale (ten being least deprived and one being the most). Income deprivation affecting children and the elderly was above the national averages.

The practice has two male GP partners who carry out a total 18 sessions per week; there is a regular female practice nurse working two sessions per week and a full-time practice manager along with two reception/administration staff members.

The practice is open and telephone lines are answered Monday to Friday between 8am and 6.30pm. Appointment times are Monday to Friday 10am to 1pm and 4pm to 6pm.

The locally agreed out of hours provider covers calls made to the practice whilst the practice is closed. The practice is also a part of the local GP co-operative and additional capacity scheme hub of GP practices, which provides local GP and nurse appointments to patients and can be booked directly by the practice. The practice is part of a Primary Care Network which consists of seven other local practices and around 50,000 patients in total.

The Summit Practice operates regulated activities from one location and is registered with the care quality to provide diagnostic and screening procedure, treatment of disease, disorder or injury and maternity and midwifery services.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was limited evidence of quality improvement activity.• The provider had not effectively addressed persistent negative feedback about the performance of the practice in relation to patient views about their experiences of appointments as demonstrated in the National GP Patient Survey.