

Dr A K & S Shah

Inspection 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 location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Requires Improvement	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Dr A K & S Shah. Overall, the practice is rated as requires improvement.

Safe - requires improvement,

Effective - requires improvement,

Caring - requires improvement,

Responsive - requires improvement,

Well-led – requires improvement.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dr A K & S Shah on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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 found that:

- Structures, processes, and systems to support good governance were not fully embedded into practice.
- Leaders at the practice could not demonstrated they had the capacity and skills to deliver high quality sustainable care.

Overall summary

- The management of patients on lithium was not in line with best practice guidelines.
- The system for recording and acting on safety alerts was not always effective.
- The practice did not have all the required emergency equipment and medication.
- The practice were below local and national targets in the uptake of childhood immunisation and cervical cancer screening.
- GP patient survey were lower than local and national averages for providing caring services. There was limited work being carried out to address this.
- Results from the 2023 national GP patient survey were lower than local and national averages for accessing the service. There was limited work being carried out to address this.

We found one breach of regulation. The provider **must**:

- Ensure effective systems and processes to ensure good governance in according with fundamental standards of care.

Additionally, the provider **should**:

- Implement measures to ensure a safeguarding register is maintained.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr A K & S Shah

Dr A K & S Shah is located in East London, Goodmayes.

The provider is registered with the CQC to deliver the Regulated Activities: diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures.

The practice is situated within the East London Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of 7,500 patients. This is part of a contract held with NHS England.

Information published by the Office for Health Improvement and Disparities showed deprivation within the practice population group is in the 6th decile (6 out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic makeup of the practice area is 27.7% White, 11.6% Black, 52.9% Asian and 4.3% Mixed and 3.4% Other.

The practice consists of 2 GP partners who are supported by a team of locum GPs, 3 practice nurses, a healthcare assistant, a pharmacist and a care coordinator. The practice manager is supported by administrators and receptionists. The practice is additionally supported through their Primary Care Network with staff such as pharmacists and a social prescriber.

The practice is open between 8am to 6:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advanced appointments.

Extended access is provided locally by the Primary Care Network Access Hub, where appointments are available weekday evenings until 8pm and between 8am-8pm on weekends.

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">Structures, processes, and systems to support good governance were not fully embedded into practice.The management of patients on lithium was not in line with best practice guidelines.The practice did not have all the required emergency equipment and medication.The system for recording and acting on safety alerts was not always effective.The practice were below local and national targets in the uptake of childhood immunisation and cervical cancer screening.Results from the 2023 national GP patient survey were lower than local and national averages for providing caring services. There was limited work carried out by the practice to improve the results.Results from the 2023 national GP patient survey were lower than local and national averages for accessing the service. There was limited work carried out by the practice to improve the results. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>