

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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



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 10 February 2020.

The inspection was a comprehensive follow up inspection to check whether or not sufficient improvement had been made since our last comprehensive inspections on 4 January 2019 and 5 August 2019. At these inspections we 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 these previous inspections, the practice was placed in special measures.

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.

At this inspection on 10 February 2020, we rated the practice as **requires improvement** overall. We rated all population groups as **good** with the exception of working age people (including those recently retired and students) and families and young children which we rated as **requires improvement**.

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

- The practice had failed to return patients' records (Lloyd George patient records) promptly, when patients had left the practice. This meant that patients' complete medical notes would not have accompanied them to their new practice.
- The system to ensure that clinical staff had the correct patient group directions (PGDs) in place to authorise their administration of medicines was sometimes ineffective.
- The practice had not always removed medicines that patients were no longer taking from the computer system. This meant that the patient record did not have an up to date list of medicines.
- The service had good systems in place to safeguard both adults and children.

- The service had appropriate standards for infection control.

We rated the practice as **requires improvement** for providing an effective service because: -

- Although improvements had been made further work was required to ensure the practice met the national targets for both child immunisations and cervical screening.
- The service had good systems in place for the recall of patients with long-term conditions.

We rated the practice as **requires improvement** for providing a well led service because: -

- The practice had to further embed systems and processes to ensure a quality service.

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

- The service had responded to complaints.
- Patients were able to access appointments in a timely way.
- The practice had carried out their own survey and the doctors had carried out an audit to review their consultations.

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.

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






We have removed the practice from special measures due to the improvements the practice has made.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist adviser and a practice manager 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 (this is a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract) and provides NHS services to approximately 2500 patients.

The practice has two male GP partners who carry out a total 18 sessions per week; there is a locum female practice nurse working two days per month 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 the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, and maternity and midwifery services.

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.

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 Maternity and midwifery services 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> <p>There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The registration system had failed to follow up on the need to return the notes of patients who had left the practice to promptly, so they could be sent to their new practice.• The system for patient group directions (PGDs) was ineffective.• The system for the review of repeat medicines required further improvements.• The system for the recall of patients who were experiencing poor mental health was not always effective.• Further response was required to patient feedback. <p>These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>