

Dr SKS Swedan & Partner

Inspection report


Lord Lister Health Centre
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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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

Our initial announced comprehensive inspection of Dr SKS Swedan & Partner was carried out on 10 May 2016 where requirement notices were issued due to breaches of regulations identified, and the practice was rated as inadequate and placed in special measures.

We then carried out a follow up announced comprehensive inspection on 23 January 2017, where new and continuing breaches were identified, and we took enforcement action under warning notices, rated the practice as inadequate, and kept it special measures.

We undertook an announced focused inspection on 15 September 2017 to follow-up on warning notices served following the 23 January 2017 inspection, and the provider was found to have met the requirements of the warning notices.

We then carried out two further announced comprehensive inspections on 21 November 2017 and 14 December 2018. The practice was taken out of special measures after the 21 November 2017 inspection, but was rated as requires improvement overall due to breaches of legislation. The practice was also rated as requires improvement overall after the 14 December 2018, due to breaches of legislation.

We carried out this comprehensive inspection on 6 and 9 January 2020 to follow up on the breaches identified in the inspection in the 14 December 2018 and found insufficient improvements had been made, and the quality of services provided at the practice had deteriorated. 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 inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- Patients' test results, including abnormal test results, had been checked by a non-clinical staff member that was not qualified or assessed as competent to do so. We found no evidence harm to patients.
- The practice did not have clear systems and processes to keep patients safe including in the event of a medical emergency.

- The practice did not have clear systems and processes to keep patients safeguarded from abuse including protected children.
- There was a lack of risk identification and management.
- Patients prescribed high risk medicines were not appropriately monitored.
- There were insufficient processes for sharing learning and the overall governance arrangements were ineffective, such as oversight of urgent patient referrals where there were gaps.

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

- There were insufficient systems for clinical oversight and supervision.
- There was a lack of action to improve quality in response to lower than average GP Patients Satisfaction survey results and clinical quality improvement activity was unclear.
- The practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was below local and national averages with no action plan to improve.

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

- There was a lack of identification and support for carers.
- Some GP patient feedback scores were consistently lower than average with no evidence of action to further understand or improve.

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

- There was no action to address telephone and appointments lower than average average patient satisfaction with services provided.
- There was limited evidence of shared learning and improvement in response to patients' complaints.

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

- There was a lack of awareness and action to address areas of ongoing underperformance and risk including patients' satisfaction, safety, and clinical care.
- The leadership team did not consistently demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care.

Overall summary

- There were ongoing divides within the leadership team that had prevented decision making to address fundamental and essential improvements required.
- The overall governance arrangements were ineffective.

The provider should:

- Review and improve coverage performance for childhood immunisations.

At this inspection insufficient improvements had been made and the practice was rated inadequate overall for the third time in four years. After this inspection the provider

took immediate steps to cancel its registration with the CQC and will no longer provide services after Tuesday 31 March 2020. We referred concerns we identified to relevant organisations such as NHS England to ensure patient safety.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Inadequate 
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 Care Quality Commission (CQC) lead CQC inspector and included a GP specialist adviser, a practice manager specialist adviser, a second CQC inspector, and a CQC inspection manager.

Background to Dr SKS Swedan & Partner

Dr SKS Swedan & Partner is situated within the Newham Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services (GMS) contract to approximately 3,807 patients. The practice provides a range of services including, child and travel vaccines and minor surgery. The practice has two part-time female GP partners collectively providing nine sessions, a part-time locum female practice nurse working two sessions, and a female healthcare assistant working five mornings a week. Non-clinical staff are a practice manager working 30 hours per week and a team of reception and administrative staff working a variety of full and part time hours.

Regulated activities are delivered to the patient population from the following address:

Lord Lister Health Centre
121 Woodgrange Road
Forest Gate
London
E7 0EP
Tel: 0208 250 7530

The practice has a website that contains information about what they do to support their patient population and the in house and online services offered:

The practice's opening hours are 8.30am to 6.30pm every weekday. GP appointments are available:

- Monday 8am to 11.40am and 4.30pm to 6.30pm.
- Tuesday 9am to 12.30pm and 4pm to 6pm.
- Wednesday 8.30am to 12.10pm and 4pm to 6pm.
- Thursday 9am to 12.40pm, the practice remains open, but no clinical appointments are provided in the afternoon.
- Friday 9am to 12.30pm and 4pm to 6pm.

Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them. Off-site extended hours appointments are provided by the Primary care Network (PCN) on Friday 6pm to 9pm and Saturday 9am to 12pm. In addition, the local Federation provides a wraparound service with GP appointments available between 8am and 8pm Monday to Sunday.

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is

located in the third less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services.