

The Summitt Practice

Inspection report

East Ham Memorial Hospital
Shrewsbury Road, Forest Gate
London
E7 8QR
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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 to people's needs?		Good	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at The Summitt Practice on 01 October 2021. Overall, the practice is rated as requires improvement.

Set out the ratings for each key question

Safe - Requires improvement

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our last inspection on 10 February 2020, the practice was rated requires improvement overall and rated good for caring and responsive but requires improvement for providing safe, effective and well led services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for The Summitt Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on breaches of regulations and covers our findings in relation to the actions we told the practice they should take to improve:

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit.

Our findings

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

Overall summary

- 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 Requires Improvement overall.

We found that:

- The practice had addressed most of the issues identified at the last inspection, however, at this inspection we found arrangements for identifying, monitoring and managing risks to patient safety required improvement. For example, people had not received appropriate physical health monitoring with appropriate follow-up in accordance with current national guidance.
- The practice had a written protocol for repeat prescribing of medicines which needed monitoring, however, clinicians had not followed the protocol to ensure appropriate monitoring and prescribing has been carried out.
- The provider had not ensured clinicians had acted sufficiently on abnormal test results and that results were clearly recorded in patient records. We found patients' records were not appropriately coded in order to support the effective delivery of care.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. Uptake rates for the vaccines given were below the target of 95% in five areas where childhood immunisations are measured.
- The practice had not demonstrated it had an effective strategy to improve its performance for cervical screening which was lower than CCG and England averages.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, overall governance arrangements in place required improvement. For example, the provider did not have oversight of staff training and could not easily evidence the training undertaken by staff.
- We found evidence of quality improvement measures including clinical audits and reviews. There was evidence of action taken to change practice.

The provider **must**:

- Ensure that care and treatment is provided in a safe way.
- Ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

The provider **should**:

Overall summary

- Improve recording of DNACPR decisions.
- Continue to implement a programme to improve uptake for cervical screening and childhood immunisations.
- Take action to increase the number of carers identified, in order that they can provide support to these patients.
- Improve compliance with policies and procedures; for example, the prescribing policy.

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

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated 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 The Summitt Practice

The Summitt Practice is located in Forest Gate, north east London at East Ham Memorial Hospital, Shrewsbury Road, Forest Gate E7 8QR.

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

The practice is situated within the NHS Newham Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 2558. This is part of a contract held with NHS England.

The practice is part of a wider Primary Care Network of GP practices: Newham North East 2 PCN.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 54% Asian, 17% White, 13% Black, 3% Mixed, and 3% Other.

The practice has two male GP partners. There is a locum female practice nurse working one full day every second week and a full-time practice manager along with three reception/ administration staff members.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are telephone consultations. If the GP needs to see a patient, then the patient is offered a face to face appointment.

Out of hours appointments are available through Newham GP Co-op collaborative. Pre-bookable appointments are also available to all patients at additional locations within the area, as the practice is a member of the Newham North East 2 Primary Care Network.

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 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 Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way. In particular;</p> <ul style="list-style-type: none">• The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. For example, people had not received appropriate physical health monitoring with appropriate follow-up in accordance with current national guidance.• Leaders had not identified the need to have an effective process in place to ensure clinicians were viewing patients' monitoring information prior to prescribing. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular;</p>

This section is primarily information for the provider

Requirement notices

The practice did not monitor the role specific training that all staff needed to complete to ensure they demonstrated the skills and competence to fulfil their role. For example, we found temporary staff were not up to date with mandatory training.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.