Dr Sathyajith's Practice

Inspection report

Old East Ham Memorial Hospital
Shrewsbury Road
London
E7 8QR
Tel:

Date of inspection visit: 28 April 2021
Date of publication: 19/08/2021

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?	Inadequate

Overall summary

We carried out an announced inspection at Dr Sathyajith's Practice on 28 April 2021 Overall, the service is rated as Requires Improvement.

Ratings for each key question:

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Good

Well-led - Inadequate

Following our previous inspection on 7 November 2019 when the service was registered as East Ham Memorial Hospital the service was rated Inadequate overall and good for the key questions caring, and responsive. The service was rated inadequate for safe and well-led and requires improvement for effective and issued warning notices for Regulation 12 Safe care and treatment, Regulation 17 Good governance, Regulation 18 Staffing and Regulation 19 Fit and proper persons employed. Following our previous inspection, the East Ham Memorial Hospital partnership deregistered with CQC. One of the partners, Dr Sathyajith, became the provider of the service.

The full reports for previous inspections can be found by selecting the 'all reports' link for East Ham Memorial Hospital 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 Regulation 12 Safe care and treatment and Regulation 17 Good governance, Regulation 18 Staffing and Regulation 19 Fit and proper persons employed. At the previous inspection we found:

- There was no proper and safe management of medicines. In particular: Patient Group Directions.
- Staff not able to use emergency equipment.
- Recording of consent and chaperones inconsistent.
- Health and safety risk assessment not practice-specific.
- Fire risk assessment overdue.
- Practice policies overdue for review or missing information.
- Ineffective governance arrangements.
- Lack of awareness and oversight of potential risks.
- Failure to address concerns identified at the previous CQC inspection
- Lack of monitoring and oversight of staff training, staff appraisals and induction checks and processes.
- Gaps in recruitment checks, including DBS checks, references, checks of professional registration and staff immunity status.

How we carried out the inspection

Overall summary

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 service'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 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 have rated this service as Requires improvement and Requires improvement for all population groups.

We found that:

- The delivery of high-quality care was not assured by the leadership or governance.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- Many of the issues identified at this inspection had been raised as issues at the previous CQC inspection in November 2019.
- There were weaknesses in the overall governance arrangements, for example in relation to oversight of recruitment checks and training.
- The service 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.

We found four breaches of regulation. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Overall summary

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

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

- Ensure non disposable privacy curtains are cleaned in accordance with the service's Infection Prevention and Control guidelines.
- Ensure actions identified from risk assessments are completed and documented as being completed.
- Ensure learning from significant events are completed.
- Continue to take action to improve uptake of childhood immunisations and cervical screening.

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

The previous service, of which the current provider was a senior member, was placed in special measures in December 2019. Insufficient improvements have been made, such that there remains a rating of inadequate for well led. Therefore we are taking 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 six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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)	**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 lead inspector and a second CQC 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 Sathyajith's Practice

Dr Sathyajith's practice (formerly East Ham Memorial Hospital, formerly Dr Krishnamurthy) is a NHS GP practice within NHS Newham Clinical Commissioning Group (CCG). The practice registered as a single-handed provider in November 2020. The practice provides services to approximately 2,100 patients under a General Medical Services (GMS) contract (an agreement between NHS England and general practices for delivering primary care services).

The practice operates from the East Ham Memorial Hospital building, which it shares with another GP practice. The location is served by local buses and underground and over ground stations. The premises are owned and maintained by NHS Property Services and there is step-free access and parking spaces for patients with a disability.

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

The practice is made up of eight staff members. The clinical team consists of one male GP providing nine clinical sessions per week, one female practice nurse, one healthcare assistant and one trainee HCA. The clinicians are supported by a practice manager, a deputy practice manager and three administrative/reception staff members, one of which is also the trainee healthcare assistant.

Information published by Public Health England rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas. The National General Practice Profile describes the practice ethnicity as being 13.7% white, 69.1% Asian, 11.5% black, 2.8% mixed race, and 2.8% other ethnicities.

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 were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

Out of hours services are provided by NHS 111.

This section is primarily information for the provider

Enforcement actions

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There were 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:** • Ineffective governance arrangements. • Lack of awareness and oversight of potential risks. • Clinical and non-clinical staff were unaware of the arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer. • Clinical staff unable to give an example of a safeguarding concern, did not know the practice procedure for how to raise the need for urgent assistance within the practice, did not know system to monitor delays in referrals and did not know protocol for handling high risk medicines. • Clinical staff not up to date with the practice's policies and procedures. • Clinical staff unaware of who the clinical leads were in the practice. • Staff unsure of who their Freedom to Speak Up Guardian was. • Not all staff were trained to the required level for adults and children safeguarding and staff were unaware of latest intercollegiate guidance. • Not all staff had contracts in their staff folder and contracts seen, were not signed or dated. • Gaps in recruitment checks. • Actions had been identified from the fire risk assessment, but no evidence of actions being completed. • Not monitoring patients on high risk medication appropriately. • Not following MHRA alerts.

This section is primarily information for the provider

Enforcement actions

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.