

# Sangam Surgery

## Inspection report

31a Snowhill Road  
Manor Park  
London  
E12 6BE  
Tel: 0208 911 8378

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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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Sangam Surgery on 26 February 2019 as part of our inspection programme.

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 requires improvement overall.**

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

- There were gaps in systems, practices and processes to keep people safe and safeguarded from abuse such as fire, infection control, patients test results, safety alerts and significant events identification and management, and emergency medicines and equipment.

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

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- The way the practice was led and managed promoted the delivery of effective clinical and person-centre care but there was a lack of management oversight of maintain quality and safety.

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

- Ensure that care and treatment is provided in a safe way.
- 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.

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

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

- Review and improve arrangements to consider and implement relevant guidance from bodies such as Public Health England (PHE).
- Review and improve interim arrangements to sustain standards of premises maintenance and decoration.
- Review and improve interim arrangements to ensure patients privacy in reception areas.

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

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a lead CQC inspector and included a GP specialist adviser, a practice manager specialist adviser and a second CQC inspector.

## Background to Sangam Surgery

The Sangam Surgery is situated within the NHS Newham Clinical Commissioning Group (CCG). The practice provides services under a Personal Medical Services (PMS) contract from three locations to a merged list of approximately 11,162 patients. The main location is Sangam Surgery, 31a Snowhill Road, Manor Park, London E12 6BE. The two branches are located at Sangam Surgery @ Gladstone Avenue, 57 Gladstone Avenue, Manor Park, London E12 6NR; and Sangam Surgery @ Katherine Road, 511 Katherine Road, London E7 8DR.

The practice provides a full range of enhanced services including minor surgery (joint injections only) and child and travel vaccines. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures, and diagnostic and screening procedures.

The staff team at the practice includes three GP partners, (two female working a total of 12 sessions, and one male also working a total of 9 sessions per week), two salaried GPs (one male working a total of 7 sessions per week and one female working a total of 8 sessions per week), Three female Practice Nurses (working 36 hours, 21 hours and 16 hours per week respectively), two Health Care Assistants (one male working 28 hours and one female

working 10 hours per week), two Practice Managers (collectively working 62 hours to across the three sites), and a team of reception and administrative staff all working full time or part time hours.

Core opening hours across the three sites are from 8am to 6.30pm every weekday. The Sangam Surgery (31a Snowhill Road) site is open from 7.00am on Mondays and closes at 7.30pm on Fridays. The practice provides an extended hours service from the Sangam Surgery site on Tuesdays and Wednesdays from 6.30pm to 8.30pm; and from the Gladstone Avenue site from 6.30pm until 8.30pm on Mondays. GP appointments are available from 7.30am to 6.30pm on Mondays, 8.30am to 6.30pm Tuesdays to Thursdays and 8.30am to 7.00pm on Fridays.

Appointments include face to face consultations, telephone consultations, online pre-bookable appointments and home visits. Urgent appointments are available for patients who need them. Further (off-site) extended hours are provided through a network of local practices Monday to Saturday from 6.30pm to 9.30pm and on Sunday from 9.00am to 6.00pm. Patients telephoning when the practice is closed are advised to call NHS 111 service, who will assess the patient and signpost to the correct service.

The 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. The practice area has a higher percentage than national average of people whose working status is unemployed (12% compared to 4% nationally), and a

lower percentage of people over 65 years of age (8% compared to 17% nationally). Information held locally at the practice showed most patients are of South Asian origin, speaking languages such as Tamil, Hindi, Urdu, Malayalam, Bengali and Punjabi.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• Fire safety</li><li>• Fail-safes for cervical screening</li><li>• Safety alerts</li></ul> <p><b>There was no proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• PSDs authorised after administration rather than before</li><li>• Lack of emergency use glucagon</li></ul> <p><b>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</b></p> <ul style="list-style-type: none"><li>• Infection prevention and control risk assessment did not identify clinical sink / tap in unsatisfactory state.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• Lack of monitoring and oversight to ensure staff appropriately trained</li><li>• Lack of framework to ensure actions agreed or follow up</li></ul>

This section is primarily information for the provider

## Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Lack of oversight to ensure effective arrangements for fire safety and infection control
- Significant events identification and management, including to identify longstanding backlog of patients test results and improve related arrangements
- Ineffective systems to ensure availability and fitness for use of emergency use medicines and equipment

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- The provider had not identified lack of prescriptions usage monitoring
- The provider had not identified lack of PHSO details in its complaints response letters to patient's
- Lack of insight of quality improvement actions and evaluation

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, or professional development as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Fire safety drills and training
- Safeguarding training
- Sepsis awareness
- Care Certificate for Health Care Assistant