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

Overall summary

We carried out an announced comprehensive inspection at The Summitt Practice on 4 January 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 16 November 2017 when the practice was rated as requires improvement for safety, caring, being well-led, and overall.

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 including because:

- There were gaps in staff recruitment processes and checks.
- There were weaknesses and shortfalls in health and safety arrangements including risk assessments in areas such as fire and premises, and Control of Substances Hazardous to Health (COSHH).
- Emergency medicines and equipment were not always provided or checked as fit for use. This issue was repeated after we highlighted it at our previous inspection on 16 November 2017.
- There was no failsafe system to ensure results sent for the cervical screening program were received or missing results follow up. A search showed there were 25 cervical screening samples taken between 2016 and 2018 where no results were received, and the practice had not acted to address this.
- There was insufficient identification, documentation, and management of significant events to improve safety.
- Patient Group Directions (PGDs) were not properly signed and authorised. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

We rated the practice as **Inadequate** for providing well-led services including because:

- Leaders had not addressed several of the risks and concerns we identified at our previous inspection 16 November 2017.
- The practice did not always hold or act on appropriate and accurate information.

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

- The practice had not accurately identified patients that are carers to ensure appropriate support could be provided to them. This issue was repeated after we highlighted it our previous inspection on 16 November 2017.
- The practice GP Patient survey data relating to caring services was slightly but consistently lower than average and there was no evidence of action taken to improve, although one of the indicators had improved. This issue was repeated after we highlighted it our previous inspection on 16 November 2017.

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

- Some cancer performance data was lower than average, but patients otherwise received effective care and treatment that met their needs.
- Patient's care and treatment was delivered in line with current legislation, standards and evidence-based guidance.

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

- The practice organised and delivered services to meet patients' needs.
- Complaints were listened and responded to and used to improve the quality of care.

These areas affected all population groups, so we rated all population groups as **Good.**

The areas the provider must improve:

- 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.

Overall summary

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

The areas the provider should improve:

- Continue to work to improve the uptake of childhood immunisation rates.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take 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 a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead CQC inspector. The team included a GP specialist adviser, a practice manager adviser and a second CQC inspector.

Background to The Summitt Practice

The Summit Practice is located 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 (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and provides NHS services to approximately 2600 patients.

The practice serves a diverse population where many patients do not have English as their first language; the main local community languages are Romanian and Indian origin languages. The practice has a relatively small population of people aged over 65 years of age at 7% compared to 17% nationally.

The practice has two male GP partners who carry out a total 18 sessions per week; there is a regular female nurse locum who completes two sessions per week and a practice manager along with reception staff members. The practice provides training to qualified GP Registrars and one of the GPs is a trainer and has a special interest in musculoskeletal care.

The practice is open and telephone line are answered Monday to Friday between 9am and 6.30pm.

Appointment times are:

- Monday 10am to 12pm and 4pm to 6pm
- Tuesday 10am to 1pm and 1.30pm to 6pm
- Wednesday 10am to 1pm and 4pm to 6pm
- Thursday 10am to 1pm (no appointments in the afternoon)
- Friday 10am to 12pm and 4.15pm to 6.15pm

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 Summit Practice operates regulated activities from one location and is registered with the care quality to provide diagnostic and screening procedure, treatment of disease, disorder or injury and maternity and midwifery services.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • The provider had failed to maintain all the information required in respect of persons employed or appointed for the purposes of a regulated activity, as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • The provider had failed to undertake required staff checks including CV/ employment history and references checks.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **We issued the provider with a warning notice under Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.** **Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:** • Control of substances hazardous to health (COSHH) • No health and safety, fire, storage of oxygen, or premises risk assessment **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:** • Out of date fire procedure and lack of fire marshal cover. • There was no system to ensure results sent for the cervical screening program were received or missing results followed up. **There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:** • Emergency use oxygen level low. • Emergency use analgesia or to treat an asthma attack/ allergic reaction. **There was not always proper and safe management of medicines. In particular:** • Patient Group Directions (PGDs) were not properly signed and authorised.

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We issued the provider with a warning notice under Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were no effective systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Significant events.
- Meeting minutes did not contain any framework or method to ensure actions are agreed or followed up.

There were no effective systems or processes that enabled 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:

- Performance for patient's cancer screening.
- Systems to ensure appropriate emergency medicines provision.
- Persons checking resuscitation equipment such as defibrillator and emergency use oxygen checks did not know how to determine they were fit for use.

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Various incomplete / inaccurate patient information including; carers, patients on warfarin, EpiPen, long term conditions review trigger dates, and lack of patient's examination and consultation records including patents with flu and when urgently referred for investigations.
- Patient identifiable information relating to audits was emailed to the CQC.
- Inaccurate demographics data.

There were no effective systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

This section is primarily information for the provider

Enforcement actions

- GP Patient survey data consistently lower than average.

There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- To understand safety and quality concerns and risks including relating to coding that impacted on the practice income.
- To evaluate and ensure effective arrangements for recruitment and induction.
- To evaluate and ensure reviews of processes and documentation in place such as for fire safety and major incident planning.
- Safety alerts and related follow up was not documented.