

# Dr Sathyajith's Practice

## Inspection report

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

Date of inspection visit: 30 November and 02  
December 2022  
Date of publication: 16/12/2022

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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

We carried out an announced inspection at Dr Sathyajith's Practice on 30 November and 02 December 2022. Overall, the practice is rated as **good**.

We previously carried out announced inspections at Dr Sathyajith's Practice on 09 March 2022 and 28 April 2021. In 2022, the practice was rated as requires improvement overall, and requires improvement for the key questions for safe, effective and well-led. At our inspection in 2021, the practice was rated as requires improvement overall, was rated as inadequate in the key question for well-led; requires improvement in the key questions for safe and effective and good for the key questions for caring and responsive.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Sathyajith's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to follow-up on breaches of regulation from our inspection on 09 March 2022 and to review ratings for the key questions:

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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.
- Information from the provider, patients, the public and other organisations.

We found the provider had made sufficient improvements and have rated the practice as **good** in providing safe services regarding:

- Clear systems and processes to keep patients safe.
- The provider had reliable systems and processes to keep patients safeguarded from abuse.
- A safe system in place to monitor and manage recruitment, including disclosure and barring checks (DBS).
- Appropriate systems in place to safely manage high-risk medicines and medicines that require additional monitoring.
- A safe effective system in place to manage patient safety alerts.
- Reliable systems to manage the practice premises safely.

# Overall summary

- A patient recall system to follow-up all patients as required, including for cervical screening and medicines management.

We found the provider had made sufficient improvements and have rated the practice as **good** in providing effective services regarding:

- The practice system for new staff induction. We found all staff files had been updated with completed induction records.
- The management and completion of regular training for all staff. We found all staff had completed regular training at the appropriate levels.
- Quality improvement activity had significantly improved and we saw the provider had 11 examples of clinical audits they had completed.
- Staff had received training regarding the practice's referral systems and raised significant events for previous concerns regarding this system.
- Quality improvement across several childhood immunisations achievement indicators.
- Cervical screening achievement rate remained below the national screening target rate although the previous deterioration in the achievement rate had stabilised.

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

- There was evidence that staff treated patients with kindness, care and compassion.
- There was evidence the provider had taken action to improve patient experience at the practice in response to feedback from the patient participation group.
- There was evidence to show how the practice carried out patient surveys and patient feedback exercises.

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

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, staff proactively followed up that patients had been seen by the secondary care team.
- Patient satisfaction response scores in the national GP Patient Survey were in line with local and national averages.

We found the provider had made sufficient improvements and have rated the practice as **good** in providing well-led services regarding:

- Leaders could demonstrate that they had the capacity and skills to deliver high quality, sustainable care.
- The practice culture effectively supported high quality sustainable care.
- The overall governance arrangements were effective.
- The practice had clear and effective processes for managing risks, issues and performance.
- The practice acted on appropriate and accurate information.
- We saw evidence of systems and processes for learning, continuous improvement and innovation.

# Overall summary

Whilst we found no breaches of regulations, the provider **should**:

- Continue to drive improvement regarding childhood immunisation achievement rates.
- Continue to drive improvement regarding cervical screening achievement rates.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## 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 and a member of the CQC medicines team who completed clinical searches and records reviews and a Practice Nurse Specialist Advisor.

## Background to Dr Sathyajith's Practice

Dr Sathyajith's Practice is located at Eastham Memorial Hospital, London, E7 8QR. The practice has good transport links and is within easy reach of bus and train services providing direct access into Central London.

There is a clinical team of one GP; one long-term sessional locum GP; a practice nurse and two healthcare assistants (HCAs). Clinical staff are supported at the practice by a practice manager and reception and administration staff.

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 reception is open Monday-Friday between 8am-6.30pm and appointments are available between these times. Patients may book appointments online, by telephone or in person.

The practice is situated within the North East London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 2463 (as of 01 October 2022). This is part of a contract held with NHS England. They are part of a wider network of GP practices called North East 2 (Newham) Primary Care Network (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. Dr Sathyajith's Practice is within the fourth decile.

According to the latest available data, the ethnic make-up of the practice area is 69.1 % Asian, 13.7% White, 11.5% Black, 2.8% Mixed, and 2.8% Other.

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 a GP or clinician needs to see a patient on a face-to-face basis, an appropriate appointment is offered.

The practices in the PCN have collaborated to deliver an Enhanced Access service which is provided by Newham GP Co-operative in the local hub. Enhanced access times are Monday to Friday 6.30pm to 8.00pm and Saturday 9.00am to 5.00pm. In addition, an out-of-hours service is provided by Newham GP Co-Operative.