

Dr SKS Swedan & Partner

Inspection report

Lord Lister Health Centre
121 Woodgrange Road, Forest Gate
London
E7 0EP
Tel: 0208 250 7530
www.drswedanandpartner.co.uk

Date of inspection visit: 14 December 2018
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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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr SKS Swedan & Partner on 14 December 2018.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 21 November 2017.

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 effective services because:

- Patients received effective care and treatment that met their needs but there was limited action to improve the quality of clinical care.

These areas affected all population groups so we rated all population groups **Requires improvement**.

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

- There were divides within the GP Partner team and way the practice was led did not consistently promoted a culture of high-quality, person-centre care. Ongoing staff underperformance issues had not been addressed.

These areas affected all population groups so we rated all population groups as **Requires improvement**.

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

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Sustain and improve arrangements for gathering patient's feedback such as the Patient Participation Group (PPG) and a practice led patient satisfaction evaluation and improvement process.
- Review and improve elements of mental health quality and outcomes framework (QOF) performance.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 Care Quality Commission (CQC) lead CQC inspector and included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr SKS Swedan & Partner

Dr SKS Swedan & Partner is situated within the Newham Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services (GMS) contract to approximately 3,034 patients. The practice provides a full range of enhanced services including, child and travel vaccines and minor surgery.

The practice has two part-time female GP partners providing between seven and nine sessions per week, one male locum GP one session per week, a part-time locum female practice nurse working 15 hours over three sessions per week, a practice manager working 4 days per week and a team of reception and administrative staff.

Regulated activities are delivered to the patient population from the following address:

Lord Lister Health Centre, 121 Woodgrange Road, Forest Gate, London E7 0EP. Tel: 0208 250 7530

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered: www.drswedanandpartner.co.uk

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the practice locality area in the third less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health 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 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>How the regulation was not being met:</p> <p>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:</p> <ul style="list-style-type: none">• Clinical quality improvement activity.• Ineffective HR such as managing staff. <p>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:</p> <ul style="list-style-type: none">• Lack of review and formalisation of the recruitment protocol.• Lack of method to ensure learning from significant events dissemination to all staff.• Lack of system to assess and ensure appropriate emergency medicines are maintained. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>