

# Sangam Surgery

## Inspection report

31a Snowhill Road  
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at Sangam Surgery 7 February 2020 as part of our inspection programme, to check whether the practice had addressed concerns identified at the prior inspection on 26 February 2019 when it was rated as requires improvement 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.
- 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 to maintain quality and safety.

At this inspection, we found that the provider had not satisfactorily addressed all of these areas, and some new concerns were identified.

We based our judgement of the quality of care at this service is 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:

- The practice inspection history, including this inspection showed ineffective arrangements to consistently ensure safe care and treatment.
- Significant events were not always sufficiently followed up.
- There were gaps in systems, practices and processes to keep people safe and safeguarded from abuse including recruitment, and management of health and safety risks such as infection control.
- Elements of prescriptions management were ineffective such as prescriptions usage monitoring and patient's prescriptions collections.

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

- Patients received effective clinical care and treatment, but some staff had not received appropriate induction, appraisal or training including chaperoning, fire, and cervical screening.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- 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 **Inadequate** for providing well-led services because:

- The practice track record showed inconsistent compliance with regulations and appropriate standards across a five year period, and several concerns were repeated.

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

- 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.
- Ensure specified information is available regarding each person employed.
- Ensure, where appropriate, persons employed are registered with the relevant professional body.

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

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

# Overall summary

- Review and improve signage, such as for oxygen gas to ensure it is displayed in the correct location.
- Review and improve interim arrangements to ensure appropriate standards of premises maintenance and decoration.
- Implement arrangements to evaluate the new process for test results inbox monitoring to ensure it is embedded and sustainable.

- Review arrangements to ensure and embed indicative improvements to cancer screening uptake and childhood immunisations rates.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</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, a practice nurse 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 28 hours and 10 hours 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. The practice provides extended hours GP and Health Care Assistants appointments from the Sangam Surgery main site on Thursday 6.30pm to 9.30pm; and an off-site extended hours service for GP, Nurse and Health Care Assistants appointments from a nearby GP surgery, in

collaboration with the local PCN (Primary Care Network). 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 (10% compared to 4% nationally), and a lower percentage of people over 65 years of age (9% 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 ensure safe medicines or prescriptions management and 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>• Prescriptions usage.</li><li>• Ineffective prescribing policy, insufficient in scope.</li><li>• Prescription collections arrangements ineffective.</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>There were no 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:</b></p> <ul style="list-style-type: none"><li>• Lack of consideration of appropriate interim arrangements to manage identified infection control risk assessment actions such as premises and fixtures including blind cords, external ramp maintenance, sinks overflows and ensuring safe storage of cleaning equipment.</li><li>• The provider failed to have systems in place to consistently ensure the duty of candour giving people affected information about actions or outcomes.</li><li>• There was no effective significant events process to escalate events to appropriate bodies if necessary.</li><li>• The prescribing protocol did not include some relevant high risk medicines and the prescriptions collection protocol was not consistently implemented.</li></ul>

This section is primarily information for the provider

## Requirement notices

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:

- To ensure the duty of candour would be routinely considered and implemented where appropriate.
- No effective systems to address areas the CQC states the provider must and should improve.
- There was no oversight to ensure staff are appropriately inducted, trained or performance managed and we found gaps.
- To capture and act on patient's feedback including trends, survey results and verbal complaints.
- No effective framework to ensure actions agreed are undertaken.
- To review internal governance structures.
- To ensure leadership and management effective function and accountability.
- No systems to assess existing governance structures, systems and processes.

### 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, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Chaperoning training.
- Health and safety training for the designated lead.
- Appropriate cervical screening sample takers training and fire training for practice nursing staff.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

- DBS checks and related risk assessment process.

The registered person's recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed. In particular:

- Occupational health including immunity status checks.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- DBS.
- Immunity status.
- References.
- Verification of why employment ended where applicable.
- Photographic ID.
- Job descriptions.

The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:

- Ongoing registration checks for relevant clinical staff.