

Willow Tree Family Doctors

Inspection report

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2023
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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?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Willow Tree Family Doctors with site visits on 23 August and 27 September 2023. Overall, the practice is rated as requires improvement.

Safe – good

Effective – good

Caring – not inspected, rating of good carried forward from previous inspection

Responsive – requires improvement

Well-led – requires improvement

Following our previous rated inspection in August 2022, the practice was rated requires improvement overall and for the key questions of safe, effective and well-led. It was rated good for the key questions of caring and responsive. The full reports for previous inspections can be found by selecting the ‘all reports’ link for Willow Tree Family Doctors on our website at www.cqc.org.uk.

Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us about the way the practice was managed. We also followed up breaches of regulations from the previous inspection in line with our inspection priorities.

This inspection was a focused inspection covering:

- The key questions of safe, effective, responsive and well-led
- The previous breaches of regulations 12 (Safe care) and 17 (Good governance)

At our previous inspection we found that the practice was not managing medicines effectively. In particular, it was not consistently monitoring patients prescribed some high-risk medicines; it was not consistently implementing national patient safety alerts and the quality of medicines reviews was variable. Also, the practice did not have effective systems to manage patients with long-term conditions in line with guidelines and was not achieving targets in relation to the uptake of childhood immunisations and cervical screening.

How we carried out the inspection

This inspection was carried out using a range of methods including:

- 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.
- Two site visits. The first visit was carried out at short notice and focused on reported concerns.

Our findings

Overall summary

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 found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. The practice had improved its systems for managing medicines.
- Patients received effective care and treatment that met their needs. We found that the practice had improved its systems to manage patients with long-term conditions and the uptake of childhood immunisations had improved.
- Patients could access care and treatment in a timely way with the practice leaders using a 'demand model' they had designed to vary capacity in line with demand. The practice was innovative in its use of technology and an early adopter of the 'digital first' approach to appointments. However, patient experience of access as measured by the national GP patient survey was an area for improvement.
- The practice had faced significant staffing issues for several months which had a negative impact on governance, communication and staff wellbeing. The practice had recently recruited more reception staff.
- The practice was not holding regular clinical staff meetings, relying on more informal conversations to spot issues at an early stage. The partners had maintained their systems of oversight of clinicians in associated roles and locum doctors.

We found a breach of regulations. The provider **must**:

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

In addition, the provider **should**:

- Take action to ensure that the improvements in relation to medicines optimisation and the management of long-term conditions that were demonstrated by the end of the inspection are sustained.
- Take action to increase patient participation in cervical screening.
- Take action to improve patient experience in relation to access.
- Review the induction process and support available to new staff (including senior posts) with the involvement of staff.

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 Health Care

Our inspection team

Our inspection team was led by a CQC inspector who spoke with staff using video conferencing facilities and undertook 2 site visits. The inspection team included a second CQC inspector and a GP specialist advisor who both attended the first site visit.

Background to Willow Tree Family Doctors

Willow Tree Family Doctors is located in Brent. Services are provided from a purpose-built health centre at 343 Stag Lane, London, NW9 9AD. The practice is located within the North West London Integrated Care Board area and provides services to approximately 15,700 patients. The practice is part of Harness North Primary Care Network (PCN).

There are 6 GP partners (part-time), 2 associate GPs, physician associates, a practice nurse, a healthcare assistant, a practice manager and patient manager. The practice had established an administrative workflow team and a reception team and administrators. The practice contracts with locum GPs during busy periods. The practice is an accredited training practice and typically has 1 GP trainee in post.

According to the latest data available, the ethnic make-up of the practice is diverse with 40% Asian, 37% White, 11% Black, 9% Other ethnic groups and 3% Mixed. Information published by the UK Health Security Agency (UKHSA) rates the deprivation within the practice population groups as 6, on a scale of 1 to 10. (Level 1 represents the highest level of deprivation and 10 the lowest.) The age distribution of practice patients is similar to the national distribution although the practice has a somewhat higher proportion of male patients than the national average. The practice population has higher prevalences of diabetes mellitus, obesity and hypertension than average.

The practice is registered with the CQC to provide the regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; and treatment of disease, disorder or injury.

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 were not being met. The provider must send CQC a report that says what action they are 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>The practice was not operating systems and processes effectively to ensure it could monitor and improve the quality and safety of the service. In particular:</p> <ul style="list-style-type: none">• Clinical meetings were not taking place regularly.• The practice had allowed a backlog of low-risk clinical correspondence to build up increasing the risk of relevant information being missed.• Staff wellbeing had been negatively affected by high workloads and limited communication.• Performance issues had not been identified and addressed at an early stage.• There was limited evidence of clinical audit being used to drive improvement. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |