

The Westwood Surgery

Inspection report

24 Westwood Lane Welling Kent DA16 2HE Tel: 02083035353 www.westwoodsurgery.nhs.uk

Date of inspection visit: 20 December 2019 Date of publication: 02/03/2020

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

Overall summary

The Westwood Surgery is a GP practice location in the London Borough of Bexley.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This was a comprehensive announced inspection carried out on 20 December 2019. We rated the location as good 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 good overall and for the population groups.

We rated the practice as **requires improvement** for providing safe services because:

- There was a lack of valid authorisation for nurses working to Patient Group Directions
- There were arrangements in place for the maintenance of safe premises. The required actions identified in risk assessments had been followed up with the premises landlords to get these resolved.
- The practice maintained records of staff training on topics that supported their provision of safety systems and processes

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

- There was evidence of quality improvement activity.
- Staff were receiving regular appraisals.
- Effective joint working was in place. The practice held regular multidisciplinary meetings and detailed records of discussions and action points were retained.
- Staff worked together and with other organisations to deliver effective care and treatment.
- The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

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.
- Patient feedback from GP patient survey results were in line with local and national averages.

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

- The practice organised and delivered services to meet patients' needs.
- Complaints were managed in a timely fashion and detailed responses were provided.
- Patient feedback indicated that respondents did not experience timely access to care and treatment.
 However, the practice had acted to improve access, and had reviewed and adjusting the appointment system to cater to the needs of patients.

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

- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing issues and performance.
- The provider had an active patient participation group and there were structured feedback and engagement mechanisms for patients.
- There was evidence of continuous improvement or innovation.
- Staff provided positive feedback about working at the service which indicated a good working culture.

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

• Ensure care and treatment is provided in a safe way to patients

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

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

 Review their arrangements for the population group of people experiencing poor mental health (including people with dementia) to ensure they received appropriate care and treatment

Overall summary

 Review their patient access arrangements to ensure they were taking appropriate steps to address poor levels of patient satisfaction in this area.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor, a CQC inspection manager and a CQC senior analyst.

Background to The Westwood Surgery

The Westwood Surgery is in a large semi-detached house converted for the sole use as a surgery. The property is in a mainly residential area of Welling in the London Borough of Bexley. Bexley Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Services are provided from two locations, Westwood Surgery (main surgery) located at 24 Westwood Lane, Welling, DA16 2HE and Pickford Surgery (branch surgery) located at 55 Pickford Lane, Bexleyheath DA7 4RN (2.5 miles from the main surgery). Both locations were visited during this inspection.

The practice has 9536 registered patients. The practice age distribution is similar to the national average. The surgery is based in an area with a deprivation score of 9 out of 10 (10 being the least deprived).

Services are delivered under a Personal Medical Services (PMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; surgical procedures; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

The Westwood Surgery is a training practice offering placements for medical students as well as doctors undergoing specialist GP training.

The practice is currently registered with the CQC as a Partnership.

Clinical services are provided by two part time GP partners (one male, one female) and three part-time female salaried GPs providing a total of 3.2 WTE per week. An advanced nurse practitioner, paramedic practitioner and GP Registrar provides an additional 3 WTE per week. The practice also employs three practice nurses, an assistant practitioner and a healthcare assistant providing a further 3.56 WTE. Administrative services are provided by a full time practice manager, an assistant practice manager and a team of administrative, secretarial and reception staff (11.68 WTE).

Telephone lines are open from 8am to 6.30pm Monday to Friday. Westwood Surgery reception is open on Monday and Tuesday from 8.30am to 8.30pm and Wednesday to Friday from 8.30am to 6.30pm. Pickford Surgery reception is open on Monday, Tuesday, Wednesday and Friday from 8.30am to 6.30pm and on Thursday from 8.30am to 1pm.

Appointments were available with the GP from 8.30am to 8.30pm Monday and Tuesday and from 8.30am to 6pm Wednesday to Friday.

Extended hours were provided on Monday and Tuesday evening at Westwood Surgery until 8.30pm.

Appointments were available with the practice nurse between 8.30am and 5.30pm Monday to Friday with extended hours available at Westwood Surgery until 7.30pm on Tuesday.

In addition to pre-bookable appointments, that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them at the 'Walk-in' GP surgery held daily between 11.00 and midday.

When the surgery is closed the out of hours GP services are available via NHS 111.

A practice leaflet was available, and the practice website included details of services provided by the surgery and within the local area.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and
Family planning services	treatment
Maternity and midwifery services	How the regulation was not being met
Surgical procedures	There was some gaps in the proper and safe management of medicines. In particular:
Treatment of disease, disorder or injury	There was a lack of valid authorisation for nurses working to Patient Group Directions
	The premises being used to care for and treat service users was not being used in a safe way. In particular:
	 Some actions identified in premises risk assessments had not been addressed.