

# Dr Philip Olufunwa

## Inspection report

Health At The Stowe  
260 Harrow Road  
London  
W2 5ES  
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[www.westbournegreensurgery.nhs.uk](http://www.westbournegreensurgery.nhs.uk)

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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 well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Westbourne Green Surgery from 30 March to 7 April 2022. Overall, the practice is rated as requires improvement.

The ratings for each key question:

Safe - Requires improvement

Effective – Requires improvement

Well-led – Requires improvement

Following our previous inspection on 22 June 2017, the practice was rated good overall and for all key questions. The ratings for the caring and responsive key questions are carried forward from the previous inspection.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dr Philip Olufunwa on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

This inspection was a focused inspection to follow up on concerns received by CQC about the practice. The focus of the inspection included the following:

- The key questions: Is the service safe, effective and well-led?
- Access to the practice during pandemic

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- 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:

# Overall summary

- 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 found that:

- The practice did not have fully embedded systems in place to identify and manage risks to patients and staff. For example, there were missing records of staff criminal records checks; variable systems to ensure the safe management of medicines; and environmental risks were not yet fully assessed.
- The practice was generally providing clinical care in line with guidelines but we found issues in relation to the coding or management of some longer-term conditions including asthma, hypothyroidism and chronic kidney disease. There was a backlog of delays to long-term condition reviews. Clinical oversight and supervision were not documented and practice performance for childhood immunisations was below average.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The practice leadership had failed to respond promptly to major risks to the service early in the year. Issues at that time included ineffective governance systems; poor performance; performance monitoring; and unexpected staff absence. The provider had recognised the problems and subsequently recruited more staff and the practice was in the process of recovery. We saw evidence of significant improvement, but we remained concerned about the team's resilience to any future shocks.

We found breaches of regulations. The provider **must**:

- 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.

In addition, the provider **should**:

- Continue to work to improve uptake of childhood immunisations and cancer screening programmes.
- Ensure materials for locum staff are up-to-date.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Dr Philip Olufunwa

Westbourne Green Surgery is located in West London at:

Health at the Stowe

260 Harrow Road

London

W2 5ES

The practice has around 4000 registered patients. It is part of a local network of practices, known as the Regents Canal and Paddington Primary Care Network, and falls within the North West London Clinical Commissioning Group area and the London City of Westminster.

The practice is situated in a purpose-built health centre, collocated with NHS community services and which is managed by a separate property management agency. The clinical and public areas of the practice are located on the ground floor and are accessible to people with disabilities.

The practice is run by an individual provider who is the lead GP. The provider employs several sessional locum GPs; a part-time practice nurse; a practice manager; a healthcare assistant and a team of administrators and receptionists. Patients have the choice of a male or female GP.

The practice is open weekdays from 8am to 6.30pm with telephone lines opening from 9am. It also hosts an extended hours primary care service. This is open to patients of the practices in the primary care network by appointment from 6.30pm to 8pm on weekdays and from 12noon to 8pm on weekends.

Due to the enhanced infection prevention and control measures put in place since the COVID-19 pandemic and in line with national guidance, a proportion of GP appointments are currently provided as telephone consultations. Patients are offered face-to-face appointments if this is clinically appropriate.

Out of hours services are provided by LCWUCC (accessible by the 111 telephone and online service). Information about how to access out of hours services is provided on the practice website and via a recorded telephone message when the practice is closed.

The local population experiences high levels of income deprivation, lower life expectancy and lower rates of employment than the local and national averages. The population is relatively young and the prevalence of long-term health conditions in the population is lower than the England average except for rates of mental illness and the proportion of patients living with obesity which are higher.

The practice is registered with the Care Quality Commission to carry out the following regulated activities:

- diagnostic and screening procedures
- surgical procedures
- family planning
- treatment of disease, disorder or injury, and
- maternity and midwifery 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 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   |
|--|--|
| Family planning services<br>Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The provider did not have effective systems in place to ensure the safe management of patients prescribed some medicines which required ongoing monitoring.</li><li>• The provider was not responding appropriately to all patient safety alerts.</li><li>• The provider had not effectively used risk assessment to demonstrate that the environment, fire safety and infection prevention and control measures were being implemented to the required standard to protect patient and staff safety.</li><li>• Staff were not always aware of how to recognise the signs of sepsis. The practice could not demonstrate that it had risk assessed the decision not to stock a medicine recommended for use in emergencies.</li></ul> |

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury<br>Surgical procedures | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. We found:</p> <ul style="list-style-type: none"><li>• The practice did not have comprehensive systems in place to identify and manage risks to patients and staff.</li><li>• Governance systems in relation to the oversight of staff performance, competency assessment and clinical supervision were not fully developed or recorded.</li><li>• There was insufficient oversight of the management and coding of long-term conditions including hypothyroidism, asthma and chronic kidney disease and the timeliness of reviews for patients with long-term conditions.</li><li>• Mechanisms to obtain and act on patient feedback were not yet functional.</li><li>• Documentation and oversight of required training and recruitment checks was incomplete.</li><li>• There was limited monitoring of the outcomes of care, for example, clinical audit of those areas where the practice was performing outside local norms.</li><li>• There had been limited opportunities for staff development.</li><li>• The practice management team could not yet demonstrate it had effective resilience measures in place against future shocks (eg staff absence) to the system.</li></ul> |