

Dr Halina Obuchowicz

Quality Report

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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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously inspected Dr Halina Obuchowicz's practice on 22 June 2016. The overall rating for the practice was inadequate, with ratings of inadequate for the key questions of safe and well-led, and ratings of requires improvement for the key questions of effective, caring and responsive. The practice was placed in special measures for a period of six months. We then carried out a follow up inspection on 7 February 2017. The overall rating for the practice was requires improvement, with ratings for requires improvement for the key questions of safe, effective and well led and the practice was taken out of special measures. The full comprehensive report on the 7 February 2017 inspection can be found by selecting the 'all reports' link for Dr Halina Obuchowicz on our website at www.cqc.org.uk.

We carried out an announced focused inspection at Dr Halina Obuchowicz's practice on 16 November 2017 to confirm that the practice had carried out their plan to

meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 February 2017. This report includes our findings in relation to those requirements.

Overall the practice is now rated as good and good for providing safe, effective and well led services.

At this inspection we found:

The practice had made improvements and addressed the issues identified in the previous inspection.

Improvements included:

- All staff including locum clinicians had indemnity cover.
- Appropriate recruitment checks were completed for all staff.
- More patients being seen for medical reviews.
- Increased quality assurance work such as audits and acting on patient feedback.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. This was because the provider had met the requirements in relation to the regulations and now had appropriate recruitment checks in place for all staff. In addition, the provider had improved how they managed incidents and learning from incidents.

Good



Are services effective?

The practice is rated as good for providing effective services. This was because the provider had made significant improvement in ensuring that patients were seen for their medical reviews and therefore improved on their exception reporting rates.

A range of audit work had been completed to ensure the practice was following best practice guidelines.

Good



Are services well-led?

The practice is rated as good for providing well led services. This was because the provider had made progress with quality assurance systems in place and had actively monitored patient feedback and responded to improve the services provided for patients.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 7 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 7 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 7 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 7 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 7 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 7 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Halina Obuchowicz

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.

Background to Dr Halina Obuchowicz

The practice of Dr Halina Obuchowicz, also known as Kew Surgery, is based in Kew, Southport. There were approximately 3,800 patients on the practice register at the time of our inspection. The practice has a slightly different demographic than most other surgeries in the area, in that it has higher than average numbers of working age patients, and lower than average numbers of older patients.

The practice is managed by Dr Halina Obuchowicz, supported by two long term locum GPs. The practice also has an advanced nurse prescriber, a practice nurse and health care assistant. Clinicians are supported by a practice manager, receptionists and an administration team

The practice is open from 8am to 6.30pm on Monday, Wednesday, Thursday and Friday, with extended opening hours on Tuesday until 8pm. If patients require GP services outside of the practice opening times, a telephone message gives instructions to call NHS 111 who will assess each patient's needs and if required, will refer on to the locally provided out of hours service Go to Doc.

The practice is part of Southport and Formby Clinical Commissioning Group (CCG). All services are delivered under a Personal Medical Services (PMS) contract.

Why we carried out this inspection

We previously inspected Dr Halina Obuchowicz's practice on 22 June 2016. The overall rating for the practice was inadequate, with ratings of inadequate for the key questions of safe and well-led, and ratings of requires improvement for the key questions of effective, caring and responsive. The practice was placed in special measures for a period of six months. We then carried out a follow up inspection on 7 February 2017. The overall rating for the practice was requires improvement, with ratings for requires improvement for the key questions of safe, effective and well led and the practice was taken out of special measures. The full comprehensive report on the 7 February 2017 inspection can be found by selecting the 'all reports' link for Dr Halina Obuchowicz on our website at www.cqc.org.uk.

We carried out an announced focused inspection at Dr Halina Obuchowicz's practice on 16 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 February 2017.

How we carried out this inspection

During our visit we:

- Spoke with the lead GP, the practice manager and deputy practice manager.
- Looked at information the practice used to deliver care and treatment plans.

Detailed findings

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

At our previous inspection on 7 February 2017 we rated the services as requires improvement for providing safe services and issued a requirement notice in relation to recruitment processes. We also recommended that the process of sharing information about incidents could be improved to support shared learning for staff, especially locum GPs.

At this inspection, 16 November 2017, we found the practice had addressed the issues identified at the last inspection.

- The practice carried out recruitment checks for all staff, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out checks to ensure all clinicians had appropriate indemnity insurance.
- The practice had altered their policy for recording significant events and incidents and had a new recording form. There were systems in place to ensure all clinicians received feedback from any incidents to share learning and prevent reoccurrence. The practice discussed incidents at every clinical meeting.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

At our previous inspection on 7 February 2017 we rated the services as requires improvement for providing effective services. This was because results from the Quality Outcomes Framework (QOF) showed an overall clinical exception reporting rate of 18% which was higher than local and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

At this inspection, 16 November 2017, we found the practice had addressed the issues identified at the last inspection.

The practice had managed to tackle the high exception reporting rates by:

- The lead GP being the only GP who could allow any patient to be exempt,

- Checking all patient records were correctly coded, so that clinicians were aware of when patients needed to attend reviews.
- The lead GP having one dedicated clinical session per week to see patients with more complex medical conditions for their medical reviews.
- A dedicated team to cross check reminders were consistently sent to patients, in addition to alerts on records giving reception staff the ability to opportunistically advise patients if they needed to make an appointment.

The action taken had resulted in a significant decrease in exception reporting rates from 18% in 2015-2016 to 7% in 2016-2017 (which was 1% below the CCG average and 3% below the national average). However, at the inspection, we were advised that the practice had actually achieved lower than the 7% and were in the process of having this checked.

The practice had carried out audits including two cyclic audits to demonstrate quality improvement. Examples of audit work included:- medication audits, cervical screening audits and appointment audits.

The practice had improved how it monitored referrals for patients requiring to be seen within a two week time frame to ensure patients were seen and followed up if not.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice, and all of the population groups, as good for providing well-led services.

At our previous inspection on 7 February 2017 we rated the services as requires improvement for providing well led services. This was because some systems in place required further improvement and embedding to be effective. Work was in progress to address lower than local and national average responses to some of the questions in the national GP patient survey results in 2016.

At this inspection, 16 November 2017, we found the practice had addressed the issues identified at the last inspection.

The practice looked at patient feedback from external sources such as NHS choices, the national GP patient survey and the NHS Friends and Family test. Results were discussed at practice meetings and they involved the patient participation group. Where areas of the national GP patient survey were lower than expected, the practice had carried out their own surveys with the help of the patient participation group to monitor patient feedback. The practice had taken action to tackle issues identified from both the national GP patient survey and their own surveys. For example, the practice had recently employed a full time advanced nurse practitioner and used two regular locum GPs. Appointments had been altered to reflect the needs of patients to offer earlier appointments throughout the week for those patients that could not access the surgery during

normal working hours. Telephone systems had been improved. The practice had also recently introduced a text reminder service for appointments which they were planning on extending to remind patients when they required appointments for medical reviews or vaccinations. Actions taken in response to the national GP patient survey had resulted in improvements in patient satisfaction. For example:-

Results from the national GP patient survey published in July 2017 (from 119 responses which is approximately 3% of the practice population) had shown improvement in patient satisfaction for access. For example,

- At the previous inspection, the percentage of respondents to the GP Patient Survey who stated that the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment, was 59% compared to the CCG average of 79% and national average of 76%. This had increased to 81% (CCG average 85%, national average of 84 %) in July 2017.
- At the previous inspection 76% of patients said they could get through easily to the practice by phone (CCG average 68%, national average of 73 %.) This had increased to 81% (CCG average 64%, national average of 71 %) in July 2017.
- At the previous inspection, 42% of patients said they got to see or speak to their preferred GP. This had increased to 56% (CCG average 62%, national average 56%) in July 2017.