

# The Westway Surgery

## Inspection report

13 Westway  
Shepherds Bush  
London  
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[www.westwaysurgery.co.uk](http://www.westwaysurgery.co.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?

Good



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at The Westway Surgery on 18 & 25 October 2019 as part of our inspection programme. We previously inspected The Westway Surgery on 8 January 2019. Following the inspection, the practice was rated inadequate overall and placed in special measures. We issued warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). We carried out a follow-up inspection on 13 June 2019 to check compliance with the warning notices and following the inspection we issued a further warning notice for Regulation 12 (Safe care and treatment). This inspection was a six month review of special measures.

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 requires improvement overall.**

**We have rated the practice as requires improvement for older people, people whose circumstances may make them vulnerable, people with long-term conditions and people experiencing poor mental health population groups and inadequate for families children and young people and working age population groups.**

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

- The practice had improved their systems and processes to keep patients safe.
- The practice learnt and made improvements when things went wrong.

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

- The practice could not demonstrate how the competence of clinical staff who carried out long-term condition reviews was assured.

- The most recent published data for childhood immunisations and cancer screening was significantly below the Clinical Commissioning Group (CCG) and England averages and performance had deteriorated since the January 2019 inspection.

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

- Patient feedback in relation to the caring aspects of the service was consistently positive.
- The provider had improved on the identification and support of patients with carer responsibilities.
- The latest published national GP patient survey results for caring indicators was above CCG and England averages.

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

- Although the provider had increased the practice's opening hours and clinical sessions, routine appointments with clinical staff were restricted in the mornings which affected all the population groups..

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

- The practice had no effective system to assure the competence of clinical staff who carried out long-term condition reviews.
- The follow up system to improve quality outcomes for patients was not effective for cervical cancer screening and child immunisations.

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

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

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

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

- Improve the documentation of examinations in the patient record.
- Continue to develop quality improvement activity including clinical audit.

# Overall summary

- Review unplanned admissions and readmissions to monitor themes and trends.
- Review access to appointments for all the population groups.
- Continue to strengthen leadership and governance arrangements.
- Implement policies and procedures for all aspects of the service provided.

This practice will remain in Special Measures because it has a rating of Inadequate for the Effective domain. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another

inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve

**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

## 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>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</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 CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to The Westway Surgery

The Westway Surgery is located at 13 Westway, Shepherds Bush, London, W12 0PT. The surgery has good transport links and there is a pharmacy located nearby. The practice is based in an adapted residential building.

The full comprehensive reports of the previous inspections can be found by selecting the 'all reports' link for The Westway Surgery on our website at

The practice provides NHS primary care services to approximately 3446 patients and operates under a General Medical Services (GMS) contract. The practice is part of NHS North West London Clinical Commissioning Group (CCG).

The practice is registered with CQC as an individual provider, and the regulated activities provided are diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice staff comprises a lead GP who is salaried, a GP partner and one long-term female GP locum (1.50 whole time equivalent (WTE) combined). The medical

team are supported by a practice nurse (0.6 WTE). There is a practice manager who is a partner, an assistant practice manager, and four administration/reception staff.

The practice population is in the second most deprived decile in England. There are higher than average numbers of patients in the 25 to 44 age range, with the number of people over the age of 75 lower than the national average. Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 84 years compared to the national average of 83 years.

Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice reception is open Monday to Friday between 8am-6.30pm. Consultation times are between 9.30am-1.30pm and 3.30pm-6pm daily. When the practice is closed patients are directed to contact the local out of hours service and NHS 111. Patients may book appointments by telephone, online or in person. Out of hours services are provided by London Central and West.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</b></p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• The follow up system to improve quality outcomes for patients was ineffective, in particular for cervical cancer screening and child immunisations.</li><li>• The provider did not have a effective system to assure the competency of clinical staff who carried out long-term condition reviews.</li></ul> <p><b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>