Care Quality Commission

Dr Abiodun Obisesan

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.

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Overall summary

Letter from the Chief Inspector of General Practice

On 9th August 2016, we carried out a comprehensive announced inspection at Dr Abiodun Obisesan, also known as Winstree Medical Practice. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. As a result of the overall inadequate rating, the practice was placed into special measures for six months.

We issued the practice with a warning notice in relation to the governance at the practice. The issues of concern can be summarised as follows:

Summary of findings

- A lack of suitable systems and processes in place for the management of medicines, including the obtaining, prescribing, recording, handling, storing and security of these.
- An absence of established safe recruitment processes; for example, not all clinical staff had received a DBS check and chaperones were not routinely DBS checked or risk assessed to identify whether or not this was required.
- Inadequate systems to assess, monitor and improve performance at the practice.
- Inadequate or incomplete policies, procedures and risk assessments.
- No system to ensure patients taking high risk medicines were receiving the requisite blood tests and monitoring.

The practice was required to be compliant with the warning notice by 16 March 2017. We conducted a focused inspection at the practice on 23 May 2017 to establish whether the requirements of the warning notice had been fulfilled. We found:

- Systems had been significantly improved in relation to the management of medicines.
- There were now safe recruitment processes. Relevant staff had received a DBS check.
- Areas of clinical and non-clinical practice that required improvement had been identified. Appropriate actions had been taken.
- Policies, procedures and risk assessments had been updated.
- Patients taking high risk medicines were being effectively identified, recalled and monitored.

The practice had complied with the requirements of the warning notice although the practice will remain in special measures until the outcome of their comprehensive inspection which will take place later in 2017. Services placed in special measures are inspected within six months of the date of the publication of the report which placed them into special measures. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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.

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 was not rated as part of this inspection. At our inspection of 9 August 2016, the practice was rated as inadequate for providing safe services.

- At our inspection in August 2016, we found improvements were required in the managing of medicines, specifically in relation to obtaining, prescribing, recording, handling, storing and security. At our most recent inspection, we found that necessary improvements had been made.
- Prescription stationery was now being stored and handled in line with national guidance.
- Identified risk assessments had been written and implemented.
- Patients taking high risk medicines and those that required monitoring were now being recalled and checked.

Are services effective?

The practice was not rated as part of this inspection. At our inspection of 9 August 2016, the practice was rated as inadequate for providing effective services.

- At our previous inspection, we found that clinical audit and quality improvement processes were not effective. However, most recent data evidenced that there had been improvements in some identified areas of underperformance, such as asthma checks.
- Audits and action plans had been implemented in relation to other clinical areas that required improvement, such as atrial fibrillation and hypertension.

Are services well-led?

The practice was not rated as part of this inspection. At our inspection of 9 August 2016, the practice was rated as inadequate for providing well-led services.

- The provider had put in place an effective action plan to meet the requirements of the warning notice. Measures had been taken to identify and mitigate risks.
- Areas of underperformance had been identified and strategies put in place to respond to these.

Care Quality Commission

Dr Abiodun Obisesan

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a pharmacist specialist and a nurse specialist advisor.

Background to Dr Abiodun Obisesan

Dr Abiodun Obisesan, also known as Winstree Medical Practice is situated in Stanway, Colchester, in Essex. There is also a branch surgery in Layer-de-la-Haye, Colchester and patients can attend either surgery for their appointments. The practice provides GP services to approximately 6,700 patients.

The practice is commissioned by the North East Essex Clinical Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a comparable number of children aged five to18 years compared to the England average and a comparable number of patients aged 65 – 75 years. Economic deprivation levels affecting children and older people are significantly lower than the local and England average, as are unemployment levels. The life expectancy of male and female patients is higher than the local average by one year. There are slightly more patients on the practice's list that have long standing health conditions.

The practice is governed by an individual male GP. He is supported by two part-time female salaried GPs and two full-time male salaried GPs. There is also an advanced nurse practitioner, two practice nurses and two healthcare assistants employed by the practice.

Administrative support consists of a part-time practice manager, a part-time assistant practice manager and a part-time office manager. There are also a number of full-time and part-time reception staff. Staff are deployed at both the main practice and the branch at Layer-de-la-Haye.

Dr Abiodun Obisesan is a dispensing practice, the dispensary being located at the branch surgery in Layer-de-la-Haye. The dispensary is available to patients who live more than 1.5 miles from a chemist.

The main practice at Stanway is open from 8am until 6.30pm on a Monday, Tuesday and Friday. It opens at 7am on a Wednesday to provide an early morning blood clinic for patients who require blood tests. The practice closes at 6.30pm on a Wednesday. There is a late night surgery on a Thursday, whereby the practice opens at 8am and stays open until 8.15pm.

The branch surgery at Layer-de-la-Haye is open every day from 8am until 1pm and closed for lunch between 1pm and 2.30pm. It reopens at 2.30pm until 6.30pm. On a Monday morning, the surgery opens at 7am to provide an early morning blood clinic for patients who need blood tests.

When the practice is closed patients can access the walk-in centre in Colchester which is open from 7am until 10pm every day. Outside of these hours, care is provided by Care UK, another healthcare provider. Patients can also call 111 for emergency GP support.

Detailed findings

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had complied with a warning notice issued on 23rd February 2017, in which we told the provider that improvements must be made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 23rd May 2017. During our visit we:

- Spoke with a range of staff including the dispensary manager and staff, deputy practice manager, two nurses, the lead GP and reception staff.
- Reviewed documents, staff files, audits and risk assessments.
- Inspected equipment, medicines and systems in the dispensary, treatment rooms and other areas where medicines were stored.

To get to the heart of patients' experiences of care and treatment, we revisited the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

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

Overview of systems and processes

In our August 2016 inspection, we found that improvements were required to ensure that patients were safeguarded from abuse; this was because the safeguarding adults policy was difficult to locate and this, along with the safeguarding children policy, identified the incorrect lead clinician.

At our most recent inspection, we found that these policies had been updated. Staff that we spoke with knew where to locate these documents and who the named lead clinician for safeguarding was.

All staff, including those who had been recruited since our last inspection and those who had worked at the practice for some time, had received a DBS check. (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). This was an improvement since our last inspection, where we found that not all staff, including clinical staff carrying out chaperoning duties had received a DBS check or risk assessment to ascertain if this was required.

Medicines Management

At our inspection in August 2016 we found there was a lack of suitable systems and processes in place for the management of medicines. On this inspection we found that all the issues highlighted in the warning notice had been addressed. The following improvements had been made:

- There was full monitoring of the temperatures where medicines were stored, including those at the Stanway practice. The medicines had been secured safely in a locked cabinet away from direct sunlight.
- All refrigerators were specialist pharmaceutical refrigerators which were monitored appropriately. Temperatures were recorded as being within the recommended range and staff knew what to do if the temperature was recorded as being outside of the range. All refrigerators had been calibrated and plugs had labelled appropriately to ensure they would not be accidentally switched off.
- Controlled drugs were handled in line with national guidance.
- All prescriptions were signed by a GP before they were dispensed.
- We saw one patient record that had full details of medicines including those prescribed by another provider.
- Blank prescriptions were being handled in accordance with national guidance.
- Patients taking high risk medicines were receiving requisite blood tests and monitoring. The practice was taking appropriate steps to contact any patients who were identified as requiring a blood test. Steps were being taken to follow up these patients.
- On the day of this inspection, all patients who were being prescribed methotrexate or warfarin had been appropriately monitored. All patients identified as being overdue on blood tests for creatinine or potassium levels whilst being prescribed ACE inhibitors had been followed up as had any patients with outstanding blood tests for thyroid function and disease modifying drugs.
- There was a system which sought to ensure that medicines were in date. A majority of medicines and equipment was in date and safe to use, although we identified some needles and medicines that had recently expired. These were immediately removed so that these could not be inadvertently used.

Monitoring Risks to Patients

A risk assessment had been implemented in respect of medicines stored at the Stanway practice which sought to ensure that visitors were not left unaccompanied in this area. Security arrangements had also been improved. Further, the practice had completed a risk assessment into the Control of Substances Hazardous to Health (COSHH).

Arrangements to deal with emergencies and major incidents

The business continuity plan had been updated to include the contact details of suppliers and other relevant organisations. The practice were in the process of annexing the contact details of staff so that they could be efficiently contacted in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

Most up to date data available to us on our recent inspection evidenced that improvements had been made. At our last inspection, we found that the practice was an outlier in relation to four indicators. We compared the 2014/2015 data that was available on our previous inspection to more recent 2015/2016 data. Our findings were as follows:-

- There had been an improvement in the number of asthma reviews. Whereas this was identified as an outlier on our previous inspection, performance was now in line with CCG and national averages. At the time of our most recent inspection, the percentage of patients with asthma who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions was 78%. This was comparable to the CCG and national average of 75%.
- Whereas there was yet to be in improvement reflected in the data in respect of blood pressure checks for patients with hypertension, there was a plan to introduce a nurse-led hypertension clinic in the weeks that followed our most recent inspection.
- 2014/2015 data showed that the practice was an outlier in respect of the amount of patients with diabetes whose last measured cholesterol was 5 mmol/l or less. Recent data indicated that performance for this indicator was now comparable to CCG and national averages. Necessary improvements had been made.
- The practice had put in place a strategy to improve performance in relation to atrial fibrillation. This included a system of audit, searches and analysis to identify relevant and suitable patients for anti-coagulation therapy. Whereas data did not yet reflect improvements that had been made, positive steps had been taken and actions implemented.

Are services well-led?

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

Our findings

Governance arrangements

The practice had taken appropriate steps to meet the requirements of the warning notice in respect of the governance at the practice. These were as follows:-

- Understanding of performance was now comprehensive. The practice conducted regular searches to identify patients who needed to be recalled for their monitoring and checks. There was a system of clinical and non-clinical audit which was streamlined and targeted to improve areas of underperformance and mitigate risks to patients. There had been significant improvement in respect of monitoring patients taking high-risk medicines.
- Administrative staff and clinical staff had roles in driving improvement. All audits were scheduled and recorded so that staff were aware of their responsibilities.
- The practice had effectively implemented their action plan in relation to the warning notice that was served in February of this year. Extra resources and support had been commissioned where a need had been identified.
- Staff were aware of their individual responsibilities in contributing to ongoing improvement. There were now effective measures to identify record and manage risk: risk assessments and policies had been completed and updated, recruitment procedures had been streamlined, fridge temperatures were now being monitored and prescription stationery was being handled in accordance with guidance.