

Woolstone Medical Centre

Inspection report

Woolstone Road London SE23 2SG Tel: 02086991062 www.woolstonemedicalcentre.co.uk

Date of inspection visit: 12 October 2022 Date of publication: 21/11/2022

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 to people's needs?	Good	
Are services well-led?	Good	

Overall summary

We carried out an announced inspection at Woolstone Medical Centre between 10 and 12 October 2022. Overall, the practice is rated as Good.

Safe-Requires Improvment.

Effective - Good.

Caring - Good

Responsive - Good.

Well-led - Good.

Following our previous inspection on 4 August 2016, the practice was rated Good overall and for all key questions and rated outstanding for responsive care.

The full report for previous inspections can be found by selecting the 'all reports' link for at Woolstone Medical Centre on our website at www.cqc.org.uk

This inspection was a comprehensive inspection part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach which involved a site visit: We looked at the Safe, Effective, Caring, Responsive and Well-led key questions.

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:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
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Overall summary

• Information from the provider, patients, the public and other organisations.

We have rated this practice as Good overall

We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- 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 way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We found breaches of regulation. The provider must:

• 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:

- Continue to take action to improve childhood immunisation and cervical screening uptake.
- Continue to work on establishing a Patient Participation Group.
- Undertake a patient survey.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead 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 and completed clinical searches and records reviews.

Background to Woolstone Medical Centre

Woolstone Medical Centre operates from one site, at Woolstone Road London SE23 2SG. The practice is based in a purpose built building, based across three floors, two of which are accessible to patients. Patients can access both floors using a lift. The Practice is open Monday to Friday 8am to 6.30pm, with extended hours on a Wednesday until 8pm.

The provider is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning services, surgical procedures and diagnostic and screening procedures.

The practice is situated within Lewisham South East London integrated care systems and delivers General Medical Services (GMS) to a patient population of about 7,797. This is part of a contract held with NHS England.

The practice is part of the Aplos Health Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth decile (5 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 54% White, 7% Asian, 29% Black, 9% Mixed, and 2% Other.

Local enhanced services provided by the practice included Direct Oral Anticoagulant Initiation, Management of oral anticoagulation therapy (Warfarin) and safeguarding children, young people, children looked after and safeguarding adults at risk.

Woolstone Medical Centre has two partners one male GP and one female. They employ three female salaried GPs. Three female nurses, two female healthcare assistants, one manager and 10 receptionists and administrators.

Extended access is provided locally the Aplos Health Primary Care Network (PCN) Hub for late evening and weekend appointments. Out of hours services are provided by 111.

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	 Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Not all staff were up to date with training including safeguarding, fire and mental capacity. The was no record of routine immunisation for one clinical staff member and three non-clinical staff members. There were gaps in recruitment, including no record of reference for three staff members, no interview summary for three staff members, no CV for one staff member, no induction checklist for four staff members. Patients had not been informed of combination medication risk. Four staff members had not had an appraisal. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.