

Woodlawn Medical Centre - Kudra

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 effective?		Good	
Are services caring?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Woodlawn Medical Centre on 2 March 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection we found that the practice had failed to do all that was reasonably practicable to monitor, evaluate and improve the effectiveness of their clinical system and the service provided to patients. We also identified areas where improvements should be made, which included putting systems in place to ensure staff were up to date with mandatory training, taking steps to identify as many carers as possible, considering ways in which their branch practice could be made more accessible to patients who were unable to use stairs; and ensuring the staff were involved in discussions about the running of the service, that they knew the location of panic buttons and that they were aware how to use the electronic records system effectively.

We undertook this focussed inspection on 14 November 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those

requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Woodlawn Medical Centre on our website at www.cqc.org.uk.

Overall the practice was rated as requires improvement following the comprehensive inspection. They were rated as requires improvement for providing effective and caring services. Following the focussed inspection we found the practice to be good for providing an effective and caring service.

Our key findings across all the areas we inspected were as follows:

- The practice had completed full cycle clinical audits, which demonstrated quality improvement by measuring the effectiveness and impact of improvements put in place following initial audits.
- The practice had a written vision and strategy, and we saw evidence that this had been shared and discussed with staff.
- The practice had recently appointed a new practice manager, who was in the process of re-organising the practice's computer systems to ensure that documents were filed in an accessible way. At the time of the focussed inspection the practice manager had made significant progress with this, and staff we spoke to knew where to find key documents and information.

Summary of findings

- The practice had put processes in place to ensure that staff were up to date with mandatory training; all staff had completed the training required.
- The practice had updated their patient record system and all staff were able to use the system effectively.
- The practice had made panic alarms available via the practice's computer system, and all staff knew how to use these to summon assistance.
- The practice had submitted plans for the development of the Oak Lane premises in order to make it accessible for patients who were unable to use stairs. In the meantime, they had made arrangements for these patients to attend the Woodlawn Medical Centre site for minor surgery.
- We saw evidence that the practice had engaged with staff about the running of the practice.

- The practice had made changes to their systems for recording gathering and recording information about patients, and as a result had increased the number of carers identified.
- The practice had developed a website for patients with information about the service.

However there was one area of practice where the provider should make improvements:

- They should ensure that they carry-out the planned work to improve access to the Oak Lane site.

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 effective?

The practice is rated as good for providing effective services.

- Clinical audits demonstrated quality improvement and we saw evidence that learning was implemented and shared.
- The practice had a process in place to ensure that all staff were up to date with mandatory training.
- The practice was in the process of updating its electronic patient records system to ensure it operated reliably. All staff were aware of how to use the system effectively.

Good



Are services caring?

The practice is rated as good for being caring.

- The practice had reviewed the results of the NHS GP Patient Survey and discussed the survey with staff and the Patient Participation Group (PPG). They had developed an action plan to address areas where their performance was below average, and the most recent results showed an improvement.
- The practice had introduced a new website, which provided information about the service provided, and was in the process of developing the website with the input of the PPG.
- The practice had processes in place to identify carers and information about support organisations was available.

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	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Woodlawn Medical Centre - Kudra

Detailed findings

Background to Woodlawn Medical Centre - Kudra

Why we carried out this inspection

We undertook a focussed inspection of Woodlawn Medical Centre on 14 November 2016. This is because the service had been identified as not meeting one of the legal requirements associated with the Health and Social Care Act 2008. From April 2015 the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, a breach of regulation 17 (Good governance) was identified.

During the comprehensive inspection carried out on 2 March 2016, we found that the practice had failed to do all

that was reasonably practicable to monitor, evaluate and improve the effectiveness of their clinical system and the service provided to patients. We also identified areas where improvements should be made, which included putting systems in place to ensure staff were up to date with mandatory training, taking steps to identify as many carers as possible, considering ways in which their branch practice could be made more accessible to patients who were unable to use stairs; and ensuring the staff were involved in discussions about the running of the service, that they knew the location of panic buttons and that they were aware how to use the electronic records system effectively.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 2 March 2016 had been made. We inspected the practice against two of the five questions we ask about services: is the service effective; and is the service caring.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

During our inspection on 2 March 2016 we found that whilst audits were carried out, there were no completed audit cycles where the practice could demonstrate the impact of improvements.

At the re-inspection we saw evidence of full cycle clinical audits having been completed, which demonstrated quality improvement by measuring the effectiveness and impact of improvements put in place following initial audits. For example, the practice had conducted an audit of 19 patients with diabetes who had been prescribed an anti-diabetic medicine due to poor blood sugar control, in order to assess whether the medicine was effective in managing these patients' conditions. They had carried-out a re-audit 10 months later to establish whether the medicine continued to be effective for these patients and to assess whether its use had any additional benefits over the longer term. The re-audit showed an improvement in the conditions of 12 of these patients and identified some patients who required additional follow-up.

Effective staffing

The learning needs of staff were identified through a system of appraisals and discussions with staff members. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, and a personal development plan for each staff member had been recorded, which highlighted when mandatory training was due.

Staff had received training that included: safeguarding, basic life support, fire procedures, information governance awareness, Mental Capacity Act 2005 awareness and infection control.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was recorded and accessible to all staff. The practice had experienced some problems with their patient records system and had liaised with the system administrators and local commissioners to upgrade the system.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the initial inspection on 2 March 2016 we found that the practice had not put in place any actions to address the areas where they had scored below average on the NHS GP patient survey.

During the re-inspection, we saw evidence that the practice had reviewed the results of the NHS GP Patient Survey and discussed the survey with staff and the Patient Participation Group. They had developed an action plan to address areas where their performance was below average, and the most recent results showed an improvement; for example:

- At the time of the initial inspection 70% of survey respondents said their GP was good at listening to them compared to the CCG and national average of 89%. The most recent survey found that 78% of patients answered positively to this question compared to a CCG and national average of 89%.
- At the time of the initial inspection 69% of respondents said the GP gave them enough time (CCG average 86%, national average 87%). The most recent survey found that 77% of patients answered positively to this question compared to a local and national average of 87%.
- At the time of the initial inspection 86% of respondents said the last nurse they spoke to was good at treating

them with care and concern (CCG and national average 91%). The most recent survey found that 95% of patients answered positively to this question compared with a local average of 91% and national average of 91%.

- At the time of the initial inspection 61% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%). The most recent survey found that 73% of patients answered positively to this question compared with a local and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

At the time of the initial inspection, the practice had identified 24 carers, which represented less than 1% of their practice list, and we were told that carers were identified opportunistically.

During the re-inspection we saw evidence that the practice had put additional processes in place to identify carers, which included asking patients whether they had caring responsibilities when they registered with the practice and when they updated their contact details. We also saw evidence that information about support organisations was available. At the time of the re-inspection the practice had 46 patients on their carers register, which represented approximately 1% of their patient list.