

# Woosehill Medical Centre

## Inspection report

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Wokingham  
RG41 3DR  
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[www.woosehillsurgery.co.uk](http://www.woosehillsurgery.co.uk)

Date of inspection visit: 28 April 2022  
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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?		Requires Improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

# Overall summary

We carried out an announced inspection at Woosehill Medical Centre on 28 April 2022. Overall, the practice is rated as Requires improvement.

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires improvement

## Why we carried out this inspection

We carried out an announced comprehensive inspection on 28 April 2022 as part of our inspection programme because the provider of the regulated services had changed. The full reports for previous inspections can be found by selecting the 'all reports' link for Woosehill Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 facilities
- 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 and
- information from the provider, patients, the public and other organisations.

# Overall summary

**We have rated this practice as Requires Improvement overall. The key questions of effective, caring and responsive were rated Good. However, we rated the practice as Requires Improvement for providing safe and well-led services because:**

- The practice had a recall system for patients needing ongoing monitoring of conditions. However, it was not always operated effectively.
- There was a system to monitor safety alerts from the Medicines Healthcare and products Regulatory Agency. However, not all staff had up to date knowledge.
- There was a system to monitor the competence of non-medical prescribers. However, it was not always operated effectively.
- Staff were up to date with training required by the practice except for two members of administration staff who had not completed infection prevention and control training in accordance with the practice policy at the time of inspection.
- The practice had systems and processes to support their governance and management processes, however they were not always operated effectively.
- Systems and processes to manage risks existed. However, we were not assured they were always operated effectively because we found risks to patients had not been identified and mitigated appropriately.

We also found that:

- Staff demonstrated they had good knowledge of safeguarding and chaperoning policies and processes.
- The premises were clean, tidy and well managed.
- Staff learnt from significant incidents and when things went wrong, the practice apologised.
- Patients received effective care and treatment that met their needs.
- The practice had a complaints policy and was open, honest and transparent when responding to complaints.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- There was a programme of quality improvement initiatives and a culture of continuous learning.
- 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.
- There was a culture of high quality and person-centred care for patients.
- The practice planned services to meet the needs of their patient group and had a strategy to ensure effective care for all patients remained sustainable.
- The practice recognised the importance of their Patient Participation Group and acted on suggestions.
- Leaders were approachable and proactive when staff needed advice, guidance or support.
- Staff were supported to develop and take on additional responsibilities.

We found one breach of regulations. 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).

In addition, the provider **should**:

- Review their policy and processes to notify staff that a patient is a parent of a child on the safeguarding register.
- Complete the action to replace the flooring in the premises to ensure full compliance with infection prevention and control requirements.
- Source a Freedom to Speak Up Guardian for staff to access to raise concerns freely should they need to.

# Overall summary

**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

## Our inspection team

Our inspection team was led by a CQC lead inspector and a second CQC 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 using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Woosehill Medical Centre

Woosehill Medical Centre is located at:

Fernlea Drive

Wokingham

RG41 3DR

The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and family planning services.

The practice is situated within the Berkshire West Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 14,300 patients. Woosehill Medical Centre is purpose built and offers spacious and well-equipped surroundings for the delivery of patient care as part of a contract held with NHS England.

The practice is part of a wider network of GP practices called a primary care network (PCN). They belong to the Berkshire East PCN.

The practice provides medical services to the local community including residents at Abbeyfield care home. The practice is located in a part of Wokingham with a small ethnic minority population (8%) with most of the patients coming from a white background (92%). This area of Wokingham has low levels of income deprivation.

The practice clinical team consists of two GP partners and eight salaried GPs, a lead nurse practitioner, two practice nurses and two health care assistants. The practice employs a paramedic and two clinical pharmacists are employed by the PCN and work at the practice. The practice is registered as a training practice for doctors who are training to become GPs. At the time of the inspection there was one trainee GP attached to the practice. The clinical team are supported by an operations manager, business manager and human resources/reception manager and a team of administration and reception staff.

The practice is open between 8am and 6.30 pm Monday to Friday. Appointments are offered during all opening hours. The practice offers extended hours on four mornings each week from 7.30am to 8am (telephone consultations) and one evening a week from 6.30 pm to 8pm. It is also opens for Saturday clinics on one Saturday each month from 9am to 12 noon.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed, and these are displayed at the practice and in the practice information leaflet.

## 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 Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to ensure there were effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Specifically:</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The service did not have an effective system to ensure patients were recalled for medication reviews and routine monitoring tests.</li><li>• The service did not have an effective system to ensure staff were up to date with Medicines and Healthcare products Regulatory Agency safety alerts.</li><li>• The service did not have an effective system to ensure the competence of non-medical prescribers.</li><li>• The service did not have an effective system to monitor whether staff were up to date with training.</li></ul> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>