

Southfield Way Surgery

Inspection report

The Medical Centre 2a Southfield Way, Great Wyrley Walsall WS6 6JZ Tel: 01922415151

Date of inspection visit: 12 December 2022 Date of publication: 30/01/2023

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?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced comprehensive inspection at Southfield Way Surgery on 12 December 2022. Remote clinical searches were undertaken on 9 December 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - inadequate

Following our previous inspection on 16 December 2015, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Southfield Way Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection due to the length of time the practice was previously rated. We assessed all key questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Staff feedback questionnaires.

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.

We have rated this practice as requires improvement overall.

We rated the practice as **requires improvement** for providing safe care and treatment. This was because:

Overall summary

- Staff recruitment checks had not always carried out in accordance with policy and regulations.
- Not all staff had completed training in safe working practices.
- There was little evidence of documented staff induction on the staff files we sampled.
- A comprehensive assessment to mitigate any potential risks of staff who declined to be immunised had not been carried out.
- The systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others were not effective.
- The practice did not always work in line with their significant event policy to allow reflection, learning and improve patient care.
- Clinical waste was not held securely prior to disposal.
- Medicine reviews were not structured or adequately documented to ensure that all monitoring requirements were checked as part of the review.
- Processes for the safe handling of requests for repeat medicines were not effective as not all patients had received the required monitoring.
- There were not sufficient numbers of suitably qualified and competent persons deployed to provide safe care and treatment.

We rated the practice as **requires improvement** for providing an effective service. This was because:

- Patients with long-term conditions had not always received the required monitoring to check their health and medicines needs were being met.
- The practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles safely and effectively or new staff had received an effective induction to support their learning.
- The practice did not have an effective system in place to monitor staff working in advanced roles.

We rated the practice as **good** for providing a caring service. This was because:

- Staff treated patients with kindness, respect and compassion.
- The practice had identified 94 of their patients as carers. This was 2.8% of the practice population.

We rated the practice as **requires improvement** for providing a responsive service. This was because:

- The practice had not always been responsive to the needs of its patients.
- People were not always able to access care and treatment in a timely way.
- Complaints were not always handled in line with the complaints policy or managed in a way to demonstrate learning and drive improvement.

We rated the practice as **inadequate** for providing a well-led service. This was because:

- Structures, processes and systems to support good governance and management were not effective.
- Leaders could not demonstrate that they had the capacity and skills to address the challenges within the practice.
- Policies to support the governance and safe running of the practice were not always adhered to.
- Processes for managing risks were not effective.
- Patient paper records and vaccines were not held securely.
- There was no overarching system in place to identify trends in complaints or significant events or to review the effectiveness of any possible changes made within the practice.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
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Overall summary

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

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 using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Southfield Way Surgery

Southfield Way Surgery is located at:

The Medical Centre

2a Southfield Way

Great Wyrley

Walsall

WS6 6JZ

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

The practice is situated within the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and delivers General Medical Services (GMS) to 3350 registered patients. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices known as Cannock Villages Primary Care Network (PCN) consisting of 12 local practices working at scale providing services to a population of around 60,000 patients.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh decile (7 of 10). The higher the decile, the least deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 97.2% White, 1.3% Asian, 1% Mixed and 0.1% Other.

The team consists of 1 GP, 1 advanced nurse practitioner, 1 practice nurse, 1 health care assistant supported by a practice manager and a team of reception and administration staff. At the time of the inspection the practice had 1 registrar (a doctor training to become a GP)

The practice is open between 8.30am to 6.30pm Monday to Friday. Extended hours appointments are available on Monday and Wednesday evening from 6.30pm to 7.30pm for pre-booked telephone appointments with a GP. The practice offers a range of appointment types including book on the day, advance appointments and telephone consultations.

Patients are also able to access additional extended hours GP appointments through the Ascent Primary Care Partnership based at Cannock Hospital. These appointments can be booked in advance by directly calling the practice during usual opening hours and are available weekday evenings and on a Saturday from 9am.

Further information is available on the practice website at www.southfieldwaymedicalcentre.nhs.uk

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 F	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	 Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: There was not effective leadership to ensure governance process were monitored and updated regularly. Environmental health and safety checks and risks assessments had not been regularly completed to mitigate risks. The overarching system to monitor staff compliance with essential training was not effective. The was not an effective system in place to ensure all staff had received an induction to carry out their role. An accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided had not been maintained. Effective systems were not in place to ensure all policies were adhered to including the recruitment, significant event and complaints policies. The wore no effective systems in place to ensure the safekeeping of vaccines, clinical waste and patient paper records. There were not adequate systems in place to ensure there were sufficient numbers of suitably qualified and competent persons deployed at all times to provide safe care and treatment.

Requirement notices

• There was not an effective system in place to ensure recruitment procedures were established and operated effectively to ensure only fit and proper persons were employed.

Regulated activity

Diagnostic and screening procedures

- Treatment of disease, disorder or injury
- Surgical procedures
- Family planning services
- Maternity and midwifery services

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:

- Not all patients had received appropriate monitoring before repeat prescriptions were issued to them.
- Not all patients had received an effective medicine review.
- Not all staff had received safeguarding training to the appropriate level required of their role.
- Not all household members of children identified at risk had been identified on the clinical system.
- Staff had not completed all essential training in safe working practices.
- Regular health and safety checks were not being undertaken to mitigate risks.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.