

Lockfield Surgery

Inspection report

Croft Street
Willenhall
WV13 2DR
Tel: 01902639000
www.lockfieldsurgery.co.uk

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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		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Inadequate	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Inadequate	

Overall summary

We carried out an announced inspection at Lockfield Surgery 29 November 2021. Overall, the practice is rated as inadequate.

We rated each key question as follows:

Safe - **Inadequate.**

Effective - **Inadequate.**

Caring – **Good.**

Responsive - **Good**

Well-led - **Inadequate.**

Why we carried out this inspection

This inspection was a comprehensive inspection which included a site visit to:

- Rate the service following registration as a new provider.

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 with the aim 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 and
- information from the provider, patients, the public and other organisations.

Overall summary

The overall rating for this practice is inadequate. The reason for this is that although our ratings of caring and responsive services is good, the provision of safe, effective and well-led services are rated as inadequate.

We found that:

- There were gaps in systems to assess, monitor and manage risks to patient safety, including recruitment, fire, infection prevention and control and safeguarding. Risk assessments were not always in place, adequately reviewed or lacked detail to mitigate potential risks.
- The practice did not have reliable systems in place for the appropriate and safe use of medicines, this included regular monitoring arrangements for patients on high risk medicines and those with long term conditions.
- Staff did not always have the information they needed to deliver safe care and treatment.
- There was no systematic structured approach with effective clinical oversight of patient information including clinical data.
- The practice was unable to demonstrate that it consistently acted on safety alerts.
- The practice was below national averages for cancer screening and the uptake of childhood immunisations.
- Comprehensive quality assurance systems were not in place to demonstrate the competency of staff undertaking advance clinical practice.
- The practice did not have fully embedded assurance systems and had not proactively identified and managed risks.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- There was a lack of leadership oversight and the absence of comprehensive systems and processes to monitor the quality and effectiveness of the service and the care provided.
- There was no formal system in place to assess and monitor the governance arrangements in place.
- Staff described a positive culture with practice wide learning encouraged and supported.
- The results of the recent national GP survey showed the practice was mostly above local and national average in questions relating to caring and accessing the service.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review the premises to ensure necessary repairs and upgrades are completed.
- Ensure an induction loop system is available at the practice to support for patients with a hearing impairment.
- Ensure information about how to complain is available on the practice website and final responses to complaints includes details of action to take if the patient is not happy with the findings.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any 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.

Overall summary

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.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 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 Lockfield Surgery

Lockfield Surgery is located in Walsall at:

Croft Street

Willenhall

Walsall

WV13 2DR

The practice is situated within the Walsall Clinical Commissioning Group (CCG) and delivers Alternative Provider Medical Services (APMS) to a patient population of about 10,200. This is part of a General Medical Services (GMS) contract with NHS England. The practice provides minor surgical procedures for its own patients and patients within practice in the Primary Care Network (PCN)

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

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. According to the latest available data, the ethnic make-up of the practice area is 79% White, 11% Asian with the remaining patients of Black, Mixed, and other ethnicity.

The practice is a training practice and employs GP registrars. A GP registrar is a fully qualified and registered doctor who is completing further training to become a GP.

The staffing consists of a team of four GPs (three female and one male) which includes the lead GP also the individual provider and three salaried GPs, each working between four and nine sessions a week. There are also two locum GP's (male) who undertake regular sessions at the practice. The clinical team also includes seven nurses two of whom are nurse prescribers, one clinical pharmacist and an advance clinical practitioner. There are two health care assistants who also undertake phlebotomy (taking of blood). The administrative team includes a business manager, operations manager and a team of administrative staff. As part of joint working within the Primary Care Network (PCN), shared staff included additional clinical pharmacists, nurses and a social prescriber.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone, video and online consultations. Patients were offered face-to-face appointments following triage.

The practice is open Monday and Tuesday from 8.30am to 6.30pm, Wednesday 7am to 1pm, Thursday 7am to 6pm and Friday 8am to 4pm. When the practice is closed during core hours appointments are provided by a GP service contracted by the practice. During out of hours patients are directed to the out of hours provider via the NHS 111 service.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure assessments of the risks to the health and safety of service users of receiving care or treatment were being carried out.</p> <p>In particular:</p> <ul style="list-style-type: none">•There was a lack of a systematic, structured approach to the management of patients care and treatment and effective quality assurance systems and clinical oversight.•Individual care records, including clinical data, were not always written and managed in line with current guidance to ensure staff had the information they needed to deliver safe care and treatment.•The provider did not have an effective review and recall systems for the management of patients with long term conditions such as asthma and diabetes to ensure timely and responsive follow up of abnormalities and risk factors. <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>In particular:</p> <ul style="list-style-type: none">•The provider did not have an effective system in place to ensure appropriate monitoring of patients on high risk and other medicines.•Patients did not always receive structured medication reviews.•Overuse of medicines were not adequately monitored and acted on.

Regulated activity	Regulation
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Enforcement actions

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were a lack of effective systems and processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular we found:

- Risks to patient safety were not always assessed and managed effectively. This included areas of safeguarding, recruitment and patient safety alerts.
- Comprehensive and up to date risk assessments were not in place in areas such as infection prevention and control and health and safety.
- A lack of effective oversight of staff undertaking advance clinical practice.

The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not fully effective.

In particular we found:

- The provider was unable to demonstrate effective governance and clinical oversight to ensure systems and processes were regularly monitored and implemented.
- The absence of comprehensive quality assurance systems and leadership oversight to adequately identify and manage the risk to service users and support high quality sustainable care.
- Leaders could not demonstrate capacity to deliver high quality sustainable care.