

Lockfield Surgery

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

Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first carried out an announced inspection of Lockfield Surgery on 12 May 2015; this inspection was conducted as part of our comprehensive inspection programme. In response to this inspection we undertook a responsive inspection on 28 April 2016 to ensure the practice had taken the appropriate action in relation to a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

During our responsive inspection on 28 April 2016 we identified significant concerns with regards to the premises used for the branch surgery at Raynor Road. In order to keep patients and staff safe, the Care Quality Commission imposed an urgent condition to prevent the delivery of regulated activities from the branch surgery; this condition came in to effect from 5 May 2016.

Additionally, as a result of our responsive inspection the practice was rated as requires improvement for providing safe services. This was because breaches of legal requirements were found and we identified some areas where the provider must improve.

We undertook a focused inspection on 13 December 2016 to check that the provider had made improvements in line with providing safe and well led services. This report

only covers our findings in relation to those requirements. You can read the report from our previous inspections by selecting the 'all reports' link for Lockfield Surgery on our website at www.cqc.org.uk.

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

- The provider continued to comply with the urgent condition imposed by the Care Quality Commission in relation to preventing the delivery of regulated activities from the branch surgery. We received assurance from staff to confirm that the Raynor Road branch no longer operated as a practice branch to provide services to patients and no longer operated as the provider's workplace for staff.
- Staff were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- During our responsive inspection in April 2016 we found that governance arrangements were not effective in some areas. This was heavily influenced by a lack of risk management in relation to the practices previous unsuitable branch premises.

Summary of findings

- During our most recent inspection we noted that the branch was no longer operational and as a result, the risks associated with the branch premises had been mitigated.
- During our most recent inspection we noted effective governance arrangements in place such as well embedded practice policies for areas such as safeguarding and management of the cold chain.
- We also saw a range of comprehensive risk assessments in place where risks associated with health, safety, fire and infection control were well monitored and mitigated. There were effective systems in place for the management of risks to patients and there were adequate arrangements in place to respond to medical emergencies.
- Staff said they were confident in raising concerns and suggesting improvements openly with the management team. Staff expressed that they felt supported and part of a close team.

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 safe?

The practice is rated as good for providing safe services.

Good



- During our responsive inspection on 28 April 2016 we identified significant concerns with regards to the premises used for the branch surgery at Raynor Road. Furthermore, we found that the branch surgery was unsuitable for people with mobility problems. Additionally, we found that patients were not being protected against the risk of unsafe care and treatment as a result of insufficient infection control at the branch.
- During our follow up inspection in December 2016 we received assurance that the provider continued to comply with the urgent condition imposed by the Care Quality Commission in relation to preventing the delivery of regulated activities from the branch surgery. Therefore, risks associated with the branch premises were mitigated.
- Staff were aware of their responsibilities to raise and report concerns, incidents and near misses. Significant events, incidents and complaints were regularly discussed with staff during practice meetings. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- We observed the premises to be visibly clean and tidy. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises.
- During our responsive inspection in April 2016 we identified gaps in the arrangements for managing emergency medicines and vaccinations. We noted improvements had been made during our most recent inspection. For example, the practices emergency medicines included medicine associated with the procedure of fitting birth control devices. Vaccinations were stored within the recommended temperatures and during our inspection we saw that temperatures were logged in line with national guidance.

Are services well-led?

The practice is rated as good for providing well led services.

Good



- During our responsive inspection in April 2016 we found that governance arrangements were not effective. This was heavily influenced by a lack of risk management in relation to the

Summary of findings

practices previous unsuitable branch premises. During our most recent inspection we noted that the branch was no longer operational and as a result, the risks associated with the branch premises had been mitigated.

- During our most recent inspection we noted effective governance arrangements in place such as well embedded practice policies for areas such as safeguarding and management of the cold chain. We also saw a range of comprehensive risk assessments in place where risks associated with health, safety, fire and infection control were well monitored and mitigated.
- Staff said they were confident in raising concerns and suggesting improvements openly with the management team. Staff also spoke positively about working at the practice and said that they felt supported and part of a close team. Monthly practice meetings were governed by agendas which staff could contribute to.

Lockfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Lockfield Surgery

Lockfield Surgery is situated in the Willenhall area of Walsall. There are approximately 11,535 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team consists of a female single handed GP, a male salaried GP and a female salaried GP and two long term locum GPs (one male and one female) who work at the practice on a weekly basis. There are also two nurse practitioners, two practice nurses, a health care assistant, two phlebotomists and a clinical pharmacist. The lead GP, business manager and practice manager form the practice management team and they are supported by a team of 12 members who cover reception, secretarial and administration roles.

Lockfield surgery is open between 8am and 6:30pm on weekdays except for Wednesdays when the surgery closes for half day at 1pm. The surgery also opens earlier for

extended hours on Wednesday and Friday mornings from the earlier time of 7am. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We first carried out an announced inspection of Lockfield Surgery on 12 May 2015; this inspection was conducted as part of our comprehensive inspection programme.

In response to this inspection we undertook a responsive inspection on 28 April 2016 to ensure the practice had taken the appropriate action in relation to a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. As a result of our responsive inspection the practice was rated as requires improvements for providing safe and well led services. This was because breaches of legal requirements were found and we identified some areas where the provider must improve.

We inspected the practice on 13 December 2016 against two of the five questions we ask about services: is the service safe and well led.

How we carried out this inspection

The inspection team:-

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced focussed inspection on 13 December 2016.
- Spoke with staff and observed the premises.
- Reviewed a range of practice records.

Detailed findings

- Reviewed some of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There were processes in place for reporting incidents, patient safety alerts, comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

Significant event records were well organised, clearly documented and continually monitored. We saw that specific actions were applied along with learning outcomes to improve safety in the practice as a result of significant events, incidents and complaints. For example, a significant event was recorded in relation to a delay in communicating a patient's test results; we saw that a short delay was experienced before communication was made and the practice conducted an investigation into the root cause of the incident. The practice reflected on significant events and incidents during practice meetings. We saw detailed minutes of meetings which supported this, minutes also included how the practice had reviewed their process as a group to ensure that test results were acted on in a timely manner.

Overview of safety systems and processes

During our responsive inspection on 28 April 2016 we identified significant concerns with regards to the premises used for the branch surgery at Raynor Road. Concerns included the need for extensive maintenance and repair work and overall, the surgery was visibly cluttered in areas and appeared to be neglected. Furthermore, we found that the branch surgery was unsuitable for people with mobility problems. Additionally, we found that patients were not being protected against the risk of unsafe care and treatment as a result of insufficient infection control at the branch.

In order to keep patients and staff safe, the Care Quality Commission imposed an urgent condition to prevent the delivery of regulated activities from the branch surgery; this condition came in to effect from 5 May 2016.

During our follow up inspection in December 2016 we received assurance that the provider continued to comply with the urgent condition imposed by the Care Quality Commission in relation to preventing the delivery of regulated activities from the branch surgery. We received

assurance from staff to confirm that the branch surgery no longer operated as a practice branch to provide services to patients and no longer operated as the provider's workplace for staff. Therefore, risks associated with the branch premises were therefore mitigated.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The practice had detailed safeguarding policies in place, the policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- One of the GPs was the lead member of staff for safeguarding. The GP attended regular safeguarding meetings and provided reports where necessary for other agencies. During our inspection we saw detailed minutes in place to reflect these meetings.
- Staff we spoke with demonstrated they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians.
- We also noted that safeguarding was included at a key item in the induction pack for locum GPs to ensure they were familiar with the practice's safeguarding protocols. The practice also displayed child and adult safeguarding information in the waiting area for patients to take away, resources included details on the safeguarding lead, signpost information and key contact details to access safeguarding support.
- The practice conducted a daily review of missed appointments and appointments missed by children and vulnerable adults were followed up by a clinician. Vulnerable children and adults were also noted on the practice's patient record system so that all staff were aware of vulnerable patients and patients who were at risk.
- Additionally the practice continually reviewed frequent contacts, such as children who were frequently seen by the practice and in secondary care. This included child attendances at A&E as well as practice appointments, home visits and telephone consultations. There was a monitoring system in place to support this process and staff we spoke with explained that where frequent attenders were identified, they were called in to the practice to review their health and wellbeing.

Are services safe?

- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.
- We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.
- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff and members of the reception team would usually acted as chaperones. We saw that disclosure and barring checks were in place for all members of staff including those who chaperoned.
- We observed the premises to be visibly clean and tidy. We saw that cleaning specifications and completed cleaning records in place. There were also records to reflect the cleaning of specific medical equipment. We saw calibration records to ensure that clinical equipment was checked and working properly.

Monitoring risks to patients

There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises.

Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to show that regular fire alarm tests and fire drills had taken place.

During our responsive inspection in April 2016 we identified gaps in the arrangements for managing emergency medicines and vaccinations. For example:

- Risk had not been assessed in the absence of a specific emergency medicine associated with the procedure of fitting birth control devices.
- We found that temperatures for the vaccination fridges were not always recorded daily in line with guidance by Public Health England.

We noted improvements had been made during our most recent inspection. For example:

- The practice kept emergency medicines which included emergency medicine associated with the procedure of fitting birth control devices. We noted that the emergency medicines were regularly checked to ensure they were in date and we saw that records were kept to support these checks.
- The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and during our inspection we saw that temperatures were logged in line with national guidance.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

- During our responsive inspection in April 2016 we found that governance arrangements were not effective in areas. This was heavily influenced by a lack of risk management in relation to the practices previous unsuitable branch premises.
- During our most recent inspection we noted effective governance arrangements. For example, policies and documented protocols were well organised and available as hard copies and also on the practices intranet.
- We also saw a range of comprehensive risk assessments in place where risks associated with health, safety, fire and infection control were well monitored and mitigated.

Leadership, openness and transparency

The lead GP, business manager and practice manager formed the management team at the practice. They were supported by a Clinical team of 10 which included two salaried GPs, two long term locum GPs, two nurse practitioners, two practice nurses, a health care assistant, two phlebotomists and a clinical pharmacist. There was also a non-clinical team of 12 staff members who covered reception, administration and secretarial duties.

- Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.
- Staff also spoke positively about working at the practice and said that they felt supported and part of a close team.
- Monthly practice meetings were governed by agendas which staff could contribute to, we saw that minutes were clearly documented and actions were recorded and monitored at each meeting.