

Dudley Wood Surgery

Inspection report

10 Quarry Road
Dudley
DY2 0EF
Tel: 01384569050

Date of inspection visit: 9 November 2023
Date of publication: 19/01/2024

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 responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an unannounced focused inspection at Dudley Wood Surgery on 9 November 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring – rating of good carried forward from previous inspection.

Responsive - inadequate

Well-led - inadequate

Following our previous inspection on 19 November 2020 the practice was rated good overall.

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

Why we carried out this inspection

We carried out this inspection in response to risk and focused on the safe, effective, responsive and well-led domains.

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:

- 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.

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 found that:

Overall summary

- The practice did not have appropriate systems in place for the safe management of medicines. This included an ineffective system for the management of safety alerts, as actions had not been taken to ensure patients were informed of potential risks with certain medicines.
- Patients on high-risk medicines were not always being monitored or reviewed regularly.
- The process for reviewing patients with long term conditions needed improvement to ensure all patients received the appropriate reviews.
- The process for sharing information with the wider practice team needed to be formalised to ensure all staff were included in the sharing of learning outcomes.
- We found safeguarding registers needed strengthening as we were unable to gain assurances that there was effective oversight.
- The practice was unable to demonstrate effective supervision of staff carrying out their roles to ensure they were acting within their competencies.
- There was a lack of induction and oversight for newly appointed staff.
- The overall governance arrangements needed strengthening to ensure there were clear and effective processes for managing risks, issues and performance.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Whilst we found breaches of regulations, the provider **should**:

- Take action to increase the uptake of childhood immunisations and cervical screening.
- Take action to review patients in a timely way where a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision is in place.
- Take action to complete basic life support.

As a result of our inspection 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.

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 Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health 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 with a member of our medicines team. 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 Dudley Wood Surgery

Dudley Wood Surgery is located in Dudley, West Midlands:

Dudley Wood Surgery

10 Quarry Road

Dudley

DY2 0EF

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

The practice is situated within the Black Country Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 2,770. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is ranked as level 3, with one being the most deprived and 10 being the least deprived. According to the latest available data, the ethnic make-up of the practice area is 91% White, 5% Asian, 1% black and 3% Mixed and Other.

The practice is run by a single handed GP (male) and the clinical team includes a part time practice nurse. At the time of our inspection the practice was supported by a locum physicians associate and a further ad hoc locum nurse. The clinicians are supported by a practice manager, a part time clinical coder and three reception/administration staff.

The practice is open between 8.30am to 6.30pm Monday, Wednesday, Thursday and Friday and from 8.30am until 8.30pm on Tuesdays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Evening appointments are available as part of the primary care network. Out of hours services are provided by NHS111.

The practice website can be viewed at: www.dudleywoodsurgery.co.uk

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The systems and processes for the safe management of service users prescribed certain medicines or with long term conditions which required ongoing review and monitoring needed strengthening.• We found a lack of oversight in the clinical leadership and governance systems. This resulted in issues not being identified or adequately managed with the potential to impact upon the delivery of safe and effective care.• Policies and procedures in the management of the areas within the practice required updating. For example, standard operating procedures were out of date.• No staff meetings were held with all staff, and we found no evidence to demonstrate that incidents had been shared with staff to promote learning.• There was a lack of induction for newly appointed staff.• Risks associated with staff undertaking chaperoning duties without a disclosure and barring service (DBS) background check, had not been assessed. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

Care and treatment must be provided in a safe way for service users

How the regulation was not being met:

- Patients on high-risk medicines were not being monitored appropriately.
- Patients with long term conditions were not receiving the appropriate reviews.
- The management of patients prescribed medicines subject to safety alerts were not always managed in line with guidance.
- Safeguarding registers were not accurate, and we found no formal process in place to ensure registers were up to date.
- Blank prescriptions were not stored safely.
- There was a lack of oversight for patient group directions (PGD's).
- Clinicians were working on-site without adequate oversight and supervision. There was a lack of assurance to demonstrate safe practice's.
- Personnel records showed staff immunisation status was not recorded and no risk assessments had been completed to identify potential risks to patients or staff.
- The provider was not able to evidence Disclosure and Barring Checks (DBS) were in place for all staff. Risk assessments had not been completed to determine the frequency of when Disclosure and Barring Service (DBS) checks should be repeated and for those staff that were awaiting the result of their DBS check.

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

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

This section is primarily information for the provider

Enforcement actions

How the regulation was not being met:

- There was no system in place to ensure staff were supervised until they could demonstrate acceptable levels of competence to carry out their role unsupervised.
- Not all staff received regular appraisals.

This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.