

# Dudley Wood Surgery

## Inspection 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

### Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

# Overall summary

We carried out an unannounced comprehensive inspection at Dudley Wood Surgery on 23 January 2020.

We undertook the inspection of this service following whistleblowing concerns received, regarding patient safety and the overall management of the service.

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 inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- Not all staff had received the appropriate level of safeguarding training, fire training or infection prevention and control training.
- There was a back-log of new patient records that had not been summarised. The practice was unable to give us reassurance that there was no safeguarding information held in these records.
- The system for monitoring and reviewing recruitment files needed strengthening as there was no overarching system to ensure this was monitored and reviewed in accordance with the regulations.
- The practice did not provide evidence they had oversight of all staff vaccinations in line with current Public Health England guidance.
- Disclosure and barring checks (DBS) had not been carried out for all staff, there were no risk assessments in place and the policy for completing risk assessments had not been reviewed.
- We found health and safety, fire risk assessment and security risk assessment had not been completed at the practice premises.
- There was no infection control audits completed.
- There was no effective induction for newly appointed staff.
- There was no effective approach to managing staff absences.

- There was no comprehensive recording of, or analysis of significant events, complaints or patient safety that would lead to practice improvements. There was no clear learning from these events.

We rated the practice as **inadequate** for providing effective services because:

- The practice's uptake of cervical screening was below the 80% target rate; the practice were aware of this data but had no plan in place at the time of inspection to improve it.
- The practice's uptake of childhood immunisations rates were below the national averages and action taken had not yet demonstrated improved outcomes.
- There was limited evidence of quality improvement activity.
- There were gaps in staff training and not all staff had completed training in safeguarding, fire safety, equality and diversity or infection prevention and control.
- We saw evidence that staff were working outside of their sphere of competence.
- The provider could not demonstrate they undertook regular appraisals and clinical supervision with staff.
- The practice was unable to show that some staff had the skills, knowledge and experience to carry out their roles.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care
- The practice was not able to demonstrate good governance or awareness of the risks or challenges they face.
- There were gaps in the practice's governance systems and processes and the overall governance arrangements were ineffective.
- There was no clinical lead to oversee governance issues.
- The practice did not have a realistic strategy to provide high quality care.
- The practice had not implemented a clear and effective process for managing risks, issues and performance.
- The practice did not involve patients or staff in shaping the service.
- We saw limited evidence of learning and continuous improvement.

# Overall summary

These areas affected all population groups so we rated all population groups as **inadequate**.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- 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.
- Ensure that there is sufficient numbers of suitably qualified, competent, skilled and experienced staff.

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

- Ensure there is a comprehensive complaints system in place.
- Develop a strategy to address low childhood immunisations achievement rates.

- Develop a strategy to address low cervical smear achievement rates.

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 population group, 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 Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Inadequate</b>	
<b>People with long-term conditions</b>	<b>Inadequate</b>	
<b>Families, children and young people</b>	<b>Inadequate</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector.

## Background to Dudley Wood Surgery

Dudley Wood Surgery is a member of the Dudley Clinical Commissioning Group (CCG) and provides services to patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. At the time of our inspection there were approximately 2,586 patients registered at the practice.

Parking is available on-site and a chaperone service is available for patients who request the service. This is advertised throughout the practice.

The clinical team includes a lead GP, an advanced nurse practitioner, a practice nurse and a health care assistant. The lead GP and the practice manager form the practice management team and they are supported by a team of three staff members who cover reception, secretarial and administration roles.

There are higher than average number of patients between the ages of 15-44. The National General Practice

Profile states that 91% of the practice population is from a white ethnic background with a further 9% of the population originating from black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is open between 8am and 6.30pm Monday to Friday with extended hours on Mondays between 7am and 8am and 6.30pm and 8.30pm. Home visits are available for patients who are too ill to attend the practice for appointments.

The practice does not provide out of hours services to their own patients. When the practice is closed patients are directed to contact Malling Health via 111.

The practice website can be viewed at: [www.dudleywoodsurgery.co.uk](http://www.dudleywoodsurgery.co.uk)

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There was a backlog of new patient notes that had not been summarised and could have contained safeguarding information.</li><li>• A record of staff immunisations was not held.</li><li>• The provider could not demonstrate they operated a safe system regarding DBS checks. No updated DBS checks or risk assessments had not been completed for any staff.</li><li>• The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding for their roles.</li><li>• The provider had not completed a documented health and safety/ premises and security risk assessments.</li><li>• There was no documented fire risk assessment.</li><li>• We found no documented evidence of fire drills or testing having taken place.</li><li>• The provider could not demonstrate they operated a safe system to manage and monitor infection prevention and control.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Enforcement actions

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### **How the regulation was not being met:**

The provider had a lack of systems and processes established that operated ineffectively to ensure compliance with requirements to demonstrate good governance. Policies and procedures essential to good governance (including training, recruitment, locum staff and occupational health) were either not in place in the practice, were not effectively reviewed or consistently followed.

### **In particular we found:**

- The provider did not use a system to ensure incident investigations were robust.
- Learning from investigations was not always shared with all staff and so risks relating to repeated incidents were not always mitigated.
- There was no evidence that staff meetings were held.
- There was no system in place for the shredding of confidential waste that adhered with best practice.
- Risk assessments had not been completed for health and safety, premises and fire.
- There were gaps in staff training records. The provider could not demonstrate that staff had completed training in areas such as safeguarding adults and children, infection prevention control, chaperone training and information governance.
- There was no regular schedule of appraisals.
- The provider had failed to ensure that persons providing care or treatment to service users had enough supervision and mentoring to promote on-going improvements.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

## Regulated activity

Diagnostic and screening procedures

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

Maternity and midwifery services

Treatment of disease, disorder or injury

The provider must ensure there are sufficient numbers of suitably, qualified, competent and skilled staff.

**How the regulation was not being met:**

- The practice was unable to demonstrate that the staffing level and skill mix was suitably reviewed for the needs of people accessing the service.
- The provider was unable to demonstrate up-to-date safeguarding children training and some role-specific training for some clinical staff members.
- There was no evidence of induction, supervision or appraisals necessary for staff to carry out their role.
- There was no evidence that staff were supervised or competent to carry out their role.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.