

# Lockfield Surgery

## Inspection report

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

Date of inspection visit: 28 July 2022  
Date of publication: 16/09/2022

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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced inspection at Lockfield Surgery on 28 July 2022. Overall, the practice is rated as Good.

We rated each key question as follows:

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

The service was last inspected on 29 November 2021 and rated Inadequate overall. Following the inspection, we took enforcement action against the provider and issued warning notices for breaches of Regulation 12, Safe care and treatment and Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was placed in special measures.

An announced focused inspection was carried out on 29 March 2022 and included a site visit to confirm that the provider had carried out their plan to meet the legal requirements in relation to the warning notices issued. At this inspection in March 2022 we found the practice had taken the action needed to comply with the legal requirements of the warning notice we issued.

The full reports for previous inspections can be found by selecting the 'all reports' link for Lockfield Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This was a comprehensive inspection which included a site visit to review all of the key questions, assess if the practice could be removed from special measures and update the provider's rating.

## How we carried out the inspection

Throughout the pandemic Care Quality Commission (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 in a way which enabled us 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

# Overall summary

- 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.

## We have rated this practice as Good overall

We found that:

- Systems and processes were embedded to ensure risks were assessed and managed.
- The practice had comprehensive systems in place for the appropriate and safe use of medicines, this included regular monitoring arrangements for patients on high risk medicines. Plans were in place to assess all patients due a medicine review prioritising high risk patients, however since November 2021 less than half of those who required a review at that time had received one.
- There was a structured and coordinated approach to the management of patients care and treatment including those with long term conditions. The practice was proactive in following up and responding to patients who did not attend.
- The practice continued to achieve below the minimum requirements for cancer screening. The uptake of childhood immunisations, although improved, was below the World Health Organisations target. However, we found the practice was taking appropriate action to improve uptake.
- Staff were provided opportunities for training and development with access to appraisals and clinical supervision. 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 the local and national average in questions relating to caring and accessing the service. The practice had consistently performed well in these areas.
- There was compassionate, inclusive and effective leadership at all levels. Leaders had developed capacity and skills with a commitment to delivering high quality, sustainable care.
- There was clear and effective accountability and oversight to support good governance.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to take action to review all patients due a medicine review ensuring these are completed in a timely manner.
- Continue to monitor and take action to improve the uptake of cancer screening and childhood immunisation.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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 Lockfield Surgery

### **Lockfield Surgery is located in Walsall at:**

Croft Street

Willenhall

Walsall

WV13 2DR

The practice is commissioned by NHS Black Country Integrated Care Board (ICB) which is part of the Black Country Integrated Care System (ICS) and delivers Alternative Provider Medical Services (APMS) to a patient population of about 10,200. An APMS contract allows the practice to have a contract with NHS and other non-NHS health care providers to deliver enhanced and general medical services to meet the needs of the local community. The practice provides minor surgical procedures for its own patients and patients registered at practices 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 10. Level one represents the highest levels of deprivation and level 10 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, registered doctor who is completing further training to become a GP. At the time of the inspection there was one registrar in post.

The staffing consists of a team of four GPs (three female and one male) which includes the lead GP who is also the individual provider and three salaried GPs, each working between four and nine sessions a week. There are also three locum GP's (one female and two male) who undertake regular sessions at the practice. There are four nurses which includes two practice nurses, a nurse prescriber and a nurse practitioner. There is also an advance nurse practitioner (ANP) who works regularly as a locum. The practice employs a clinical pharmacist and an advance clinical practitioner (ACP). There are two health care assistants who also undertake phlebotomy (taking of blood) in addition to a phlebotomist who works on a part time basis. The administrative team includes a business manager, an operations manager and a team of administrative staff. As part of joint working within the Primary Care Network, shared staff included additional clinical pharmacists, nurses and a social prescriber. The leadership team consists of the lead GP, a deputy clinical lead, the business manager and the operations manager.

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.