

Beeches Surgery

Inspection report

9 Hill Road
Carshalton
SM5 3RB
Tel: 02086476608

Date of inspection visit: 30 September 2021
Date of publication: 29/10/2021

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	Requires Improvement	
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?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Beeches Surgery on 30 September 2021 and a remote clinical review on 28 September 2021 to follow up on breaches of regulations. Overall, the practice was rated as requires improvement.

The practice was previously inspected on 19 June 2019. Following the last inspection, the practice was rated as requires improvement overall for issues in relation to safety systems and records, medicines management, significant events, outcomes for management of patients with long-term conditions, monitoring of consent and management of complaints.

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

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 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
- 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 rated the practice as **Requires Improvement** for providing safe services.

At this inspection we found the provider had made some improvements in providing safe services. In particular, the provider had made improvements to their systems and process in relation to significant events. However, we found new issues in relation to recruitment systems, safety systems and processes and medicines management.

We rated the practice as **Good** for providing effective services.

At this inspection we found the provider had made some improvements in providing effective services. However, outcomes for patients with long-term conditions were significantly below average, the provider had not demonstrated improved patient outcomes through quality improvement activities or clinical audits, process of appraisals and clinical supervision of non-medical prescribers were not satisfactory.

Overall summary

We rated the practice as **Good** for providing caring services.

We found that the staff treated patients with kindness, respect and compassion. However, we found that the provider had not enabled people to express their views by carrying out patient surveys.

We rated the practice as **Good** for providing responsive services.

We found that the provider had made some changes to improve access to the service; however, the provider informed it is still work in progress.

We rated the practice as **Requires Improvement** for providing well-led services.

We found the provider had made improvements in providing well-led services in relation to good governance and had implemented systems and process in response to the findings of our previous inspection. However, the governance arrangements in place still required improvement especially in relation to identifying, managing and mitigating risks.

We have rated this practice as Requires Improvement overall, requires improvement in safe and well-led and requires improvement for population group people with long-term conditions.

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

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

(Please see the specific details on action required at the end of this report).

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

- Improve uptake for learning disability health checks.
- Improve staffing levels in response to staff feedback.
- Consider all staff meetings to enable staff to discuss issues and improve learning.
- Seek and act on feedback from patients and the Patient Participation Group.

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

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

Our inspection team

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

Background to Beeches Surgery

Beeches Surgery provides primary medical services in 9 Hill Road, Carshalton, Surrey SM5 3RB to approximately 5,700 registered patients and is one of the 23 practices in Sutton Local Area Team and part of the South West London Clinical Commissioning Group (CCG).

The clinical team at the surgery is made up of two part-time male lead GP partners, one part-time female salaried GP and three part-time long-term locum GPs, a full time female advance nurse practitioner, two part time female long-term locum nurses and a part time female healthcare assistant. The non-clinical practice team consists of two part-time practice managers, one head receptionist and eight administrative or reception staff members.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way for patients. In particular:</p> <p>The provider did not ensure all the actions following the legionella risk assessment, health and safety risk assessment and infection prevention and control audit had been completed.</p> <p>The provider could not demonstrate the prescribing competence of non-medical prescribers.</p> <p>The provider did not ensure they had appropriate systems in place for the safe management of medicines.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance to fundamental standards of care. In particular:</p> <p>The outcomes for patients with long-term conditions were below average.</p> <p>The provider did not ensure they could demonstrate improved outcomes for patients through clinical audits or other quality improvement activities.</p> <p>The process for appraisals and clinical supervision of non-medical prescribers were not satisfactory.</p> <p>The provider did not ensure they provided adequate management support for staff.</p>