

# The Beggarwood 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at The Beggarwood Surgery on 21 June 2017. This was to check on improvements relating to the serious concerns found during a comprehensive inspection on 28 February 2017.

The first inspection had resulted in the Care Quality Commission issuing warning notices with regard to Regulation 17 (Good Governance) and Regulation 18 (Staffing).

In February 2017 the practice was rated as inadequate overall and was placed into special measures. Specifically the domains of safe and well-led were found to be inadequate, with the domains of effective, caring and

# Summary of findings

responsive rated as requires improvement. The full report for the February 2017 inspection can be found by selecting the 'all reports' link for The Beggarwood Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection in June 2017, we checked the progress the provider had made to meet the significant areas of concern as outlined in the warning notices. We gave the provider until the 26 May 2017 to rectify these concerns. The warning notices were issued because we found that there were inadequate systems and processes in place to provide safe, high quality care.

At our inspection on 21 June 2017 we found that the provider had made some improvements. However, there were still areas relating to these warning notices that required further improvement.

Our key findings were:

- Governance and leadership systems remained unclear at practice level. At the time of inspection, there were no confirmed plans in place regarding how the clinical lead role would be fulfilled, however remote clinical leadership was in place.
- There remained no registered manager at the practice, however an application was made following the inspection. There was managerial support from the provider organisation.
- All permanent GPs and the advanced nurse practitioner had left since our last inspection or were due to be leaving the practice by July 2017.
- Locum GP and Nursing staff had been recruited in the short term while recruitment for permanent staff was being undertaken. Locum staff were evidenced to be covering the clinical session requirements for the practice.
- There was a comprehensive induction process for locum staff and this was in the process of being improved by the practice management.
- There were no formal or informal clinical meetings with the locum staff.

- There was a lack of clinical supervision systems for staff.
- Training programmes had been delivered but not all training was updated as it should have been according to the practice's policy.
- Systems had been implemented to ensure that policies were updated and reviewed as required.
- Risk assessments relating to fire and health and safety had been assessed and appropriate actions taken.
- Procedures had been introduced for clinical guidance on high risk medication monitoring.
- There was availability of both urgent and routine appointments.
- The patient participation group were becoming more involved with the practice with the first actual, rather than virtual, meeting taking place together with the practice management.

The provider must:

- 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 the duties.

Two further requirement notices have been issued to the practice in relation to governance and staffing shortfalls.

The ratings from the inspection in February 2017 will remain in place until a further comprehensive inspection is undertaken.

**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 will be rated as inadequate for providing safe services until a further comprehensive inspection takes place. Improvements had been made since the previous inspection and we found that the warning notice had been partially met.

- There had been communication of national safety alerts within the practice.
- There had been two practice meetings, with minutes taken, since our last inspection where there had been opportunity to discuss significant events and learning.
- Staff had recently undertaken safeguarding training. However not all staff were up to date with basic life support.
- Care plans were now all electronically entered onto patient records.
- Risk assessments relating to fire and health and safety had been assessed and appropriate actions taken.
- There was a chaperone policy that was accessible to all staff on the shared computer drive.
- Some steps had been taken to ensure that patients on high risk medications were being monitored.
- Staff, when asked, now knew where the emergency equipment was located in the practice
- There were no support systems in place for immediate clinical support at the practice for the GPs and nursing staff, who needed to work autonomously within the practice.

### Are services effective?

The practice will be rated as requires improvement until a further comprehensive inspection takes place. Improvements had been made since the previous inspection and we found that the warning notice had been partially met.

- Systems had been put in place to monitor the quality of care, including audits, by the permanent salaried GPs, before they left the practice.
- All permanent GPs and the advanced nurse practitioner had left since our last inspection or were due to be leaving the practice by July 2017.
- Locum GP and Nursing staff had been recruited in the short term while recruitment for permanent staff was being undertaken. Locum staff were evidenced to be covering the clinical session requirements for the practice.

# Summary of findings

- The current number of staff deployed had ensured routine and urgent appointments were available and home visits offered. Telephone appointments were available with advanced nurse practitioners to call patients who were unable to attend the practice.
- There was a comprehensive induction process for locum staff and this was in the process of being improved by the practice management.
- At the time of inspection there was no evidence provided of clinical meetings with the locum staff or with the permanent nursing staff to promote the systems of audit and improvement for patient outcomes.
- There was a lack of clinical supervision systems in operation at the time of inspection for staff. Whilst staff knew of contacts external to the practice no clinical supervision had been arranged on a formal basis.
- Training programmes had been delivered but not all training was updated as it should have been according to the practice's policy.

## Are services well-led?

The practice will be rated as inadequate for well-led until a further comprehensive inspection takes place. Improvements had been made since the previous inspection and we found that the warning notice had been partially met.

- Improvements had been made to some systems however there was not an imbedded governance system at the practice such as for the day to day oversight of the service. There was however remote support as and when requested.
- On this inspection the practice was unable to confirm what arrangements were in place for the delegation of duties of the lead GP, who was due to leave the practice in July.
- The provider had not notified us when their registered manager had left and it was unclear who was fulfilling these responsibilities. An application for a replacement registered manager was made after the inspection.

# The Beggarwood Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to The Beggarwood Surgery

The Beggarwood Surgery is situated in a residential area of Basingstoke. The practice is part of the Cedar Medical Group Limited. Support for the business management is provided by Integral Medical Holdings (IMH). The Beggarwood Surgery had approximately 7,500 patients registered. There are a high number of families with younger children and is an ethnically diverse area with a relatively high population of Polish, Asian and African population groups.

Since our last inspection in February 2017, four salaried GPs, one advanced nurse practitioner (ANP) and one practice nurse have left the practice. At the time of our return inspection in June 2017 the practice employed one salaried lead GP, two practice nurses and one health care assistant. GP and ANP roles are currently filled by locum staff. The current salaried GP had resigned and was due to leave before the end of July. The practice also employs a dual site manager, a practice manager and reception and administrative staff.

The role of the Dual Site Manager is to give practice management support and oversight to both this practice and the sister practice in Basingstoke.

The practice opening hours are 8.30am until 6pm Monday to Friday. From 8am until 8.30am and then from 6pm until 6.30pm a duty doctor takes calls made to the practice. Appointments are available from 9am until 12.30pm and then 3pm until 5.30pm each day. The practice does not have extended hours. When the practice is closed patients are requested to contact the out of hours GP service via the NHS 111 service.

We inspected the following location:

The Beggarwood Surgery

Broadmere Road

Basingstoke

Hampshire

RG22 4AG

### Why we carried out this inspection

We undertook a follow up comprehensive inspection of The Beggarwood Surgery on 28 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate and placed into special measures. The full comprehensive report following the inspection on February 2017 can be found by selecting the 'all reports' link for The Beggarwood Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of The Beggarwood Surgery on 21 June 2017. This inspection was carried out to look specifically at the shortfalls identified in the warning notices served to the practice after our inspection in February 2017.

# Detailed findings

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff, including both clinical and administrative roles, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and on the telephone.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.
- Spoke with senior management of Cedar Medical Limited who provide support to the practice.

Please note that when referring to information throughout this report this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 28 February 2017, we rated the practice as inadequate for providing safe services. Warning notices were issued in respect of both Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Safety Care Act 2008 (Regulated Activities) 2014.

At this inspection on 21 June 2017, we specifically assessed if the practice now complied with the warning notices dated 13 April 2017.

### Safe track record and learning

There had been two practice meetings, with minutes taken, since our last inspection where there had been opportunity to discuss significant events and learning. However, there was no evidence that there had been any formal or informal arrangements for GPs to meet with peers and communicate any learning or safety issues since February 2017. There were no minutes or evidence of learning from nurse meetings, although we were informed that nursing staff did meet every six weeks for an informal meeting.

We saw evidence that safety alerts were communicated to staff and that internet searches had been undertaken by the lead GP to confirm that all alerts had been received.

### Overview of safety systems and process

The lead GP was the safeguarding lead. He was due to leave the practice shortly and at the time of the inspection there was no GP assigned to take over this role. Most staff who had not received safeguarding training at our last inspection had now been given e-learning training although there was one nurse who had not been given updated training, contrary to practice policy on updates.

There was now an accessible policy for chaperoning and an understanding of who was eligible to undertake this role.

Care plans were now recorded electronically for all patient groups and in April 2017 a Care Plan Policy was implemented at the practice. This policy stated that where possible all care plans should be created and updated electronically with the patients' computerised medical records.

Warfarin prescribing policy was now in line with the local authority specification that required patients to have

regular blood tests at the hospital in order to be able to continue their regular prescription with the practice. Most patients were now safely treated as a result of this through regular monitoring.

### Monitoring risks to patients

Since the previous inspection in February 2017 there had been remedial works carried out in line with the recommendations of the fire risk assessment and electrical risk recommendations. Emergency lighting had been installed by a registered electrician.

At the previous inspection there had been five salaried GPs at the practice with a rota that aimed to deliver around three full time equivalents. There had also been a salaried advanced nurse practitioner (ANP). However, we had found that the clinical sessions were insufficient for patient needs and that some staff were removed to cover clinical sessions at the sister practice to Beggarwood Surgery. When we visited in June 2017 we found that four salaried GPs had left the practice and that the lead GP was due to leave in July. In addition the salaried ANP had left. On the day of inspection there was one full time locum on duty and two locum ANP staff. Between them they were covering six clinical sessions for the day.

On the day of inspection it was found that urgent, on the day appointments were accessible and there was around a four week wait for routine appointments. However on the day of inspection there were some routine appointments available to patients within one week. We observed patients calling for and receiving same day appointments throughout the day.

The practice submitted their weekly rota to the local clinical commissioning group so that they could monitor that the practice was undertaking sufficient clinical sessions. We evidenced that locum GP cover was in place until the end of June 2017 and until August for ANPs.

### Arrangements to deal with emergencies and major incidents

Staff knew how to locate emergency equipment. However we noticed that two members of staff (including one nursing staff member) were not up to date with their basic life support training despite the practice informing us that all staff had received up to date training.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 28 February 2017, we rated the practice as requires improvement for providing effective services. Warning notices were issued in respect of both Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Safety Care Act 2008 (Regulated Activities) 2014.

At this inspection on 21 June 2017, we specifically assessed if the practice now complied with the warning notices dated 13 April 2017.

### **Management, monitoring and improving outcomes for people**

At this follow up inspection we saw evidence that single cycle audits were scheduled to be repeated later this year as part of the practice plan to improve quality monitoring. Overall clinical governance was now the responsibility of the medical director of Cedar Medical Limited who informed us that quality improvements would continue to be made.

### **Effective staffing**

At the inspection the locum staff that we spoke to were delivering appropriate care and had the skills and knowledge required for their role. The lead GP was absent on the day of our inspection and clinical oversight was provided by a clinical director. However, the clinical director was not based at the practice every day. The lead GP was due to leave and at the time of our inspection, no replacement had been secured. Therefore the locum staff were working autonomously with limited local clinical oversight or leadership. Whilst staff knew of contacts external to the practice no clinical supervision had been arranged on a formal basis.

Most of the GP locum staff were on short-term contracts, although there was one member of staff who was

scheduled to stay with the practice for several weeks. Some staff had attended practice meetings. There was evidence of minutes for a clinical meeting for 30 March 2017 and 3 May 2017 for a non-clinical meeting. There had been a significant change of clinical staff since June and little evidence was produced at this inspection of support for nursing or GP staff to undertake quality improvement for patient outcomes such as through meetings and audit.

There were between three to four locum clinicians, which were either GPs or advanced nurse practitioners (ANPs), rostered for the rest of the month of June. It was seen that this roster had been put in place when the departing salaried GPs had left the practice. The locum staff all had inductions at the beginning of their contract and there was a locum pack and administrative staff support. The locum pack was due to be extended to be more comprehensive and relevant for the number of locum staff joining the practice.

There was a training matrix in place for permanent staff which had some omissions, particularly for basic life support and health and safety. For example, there were five members of staff with no evidence of recent training in health and safety. These areas of training were considered mandatory by the practice and that required annual updates. Locum training was monitored by Cedar Medical Limited with the support of IMH Group Limited who was giving the practice managerial and recruitment support.

### **Coordinating patient care and information sharing**

At the last inspection it was noted that not all care plans were entered onto the system electronically. At this inspection all care plans were now evidenced to be filed and reviewed electronically. However there was no evidence that GPs were meeting to discuss patient care on a regular basis internally or with other professionals.



# Are services well-led?

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

## Our findings

At our previous inspection on 28 February 2017, we rated the practice as inadequate for providing well-led services. Warning notices were issued in respect of both Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Safety Care Act 2008 (Regulated Activities) 2014.

At this inspection on 21 June 2017, we specifically assessed if the practice now complied with the warning notices dated 13 April 2017.

### Governance arrangements

There was no evidence that the practice had improved the concerns highlighted in the previous inspection regarding an overarching governance framework being in place. There were still shortfalls in the delivery of strategy.

The practice continued to be supported by IMH Group Limited (IMH) for the business management, policy introduction, recruitment and clinical oversight arrangements that it required. IMH provided support centrally, but was not providing day to day support within the practice itself. There had been policy updates and building maintenance works since the inspection in February 2017 which had met the requirements of the warning notice.

The director of Cedar Medical Limited stated at the inspection that he took ownership of the governance of the practice. However the director and other support managers were not based at the practice and visited infrequently. Therefore there remained some uncertainty regarding the lines of responsibility within the practice on a daily basis. For example, the nursing staff we spoke to were not clear as to who their line manager was.

At the previous inspection the practice could not evidence that they were reviewing the needs of the local population.

Since this inspection there had been more contact with the local clinical commissioning group and NHS England to check that the patient population were receiving an adequate service.

### Leadership and culture

There were no salaried GPs at the practice on the day of the inspection, with four GPs having left the practice in the month of June 2017 and the lead GP scheduled to leave in July 2017. The advanced nurse practitioner had also left the practice. There was no clinical lead amongst the locum staff and no evidence of planned clinical meetings taking place on a formal basis. The practice could not demonstrate informal meetings between GPs. The practice manager was responsible for the induction of the locum staff and the locum staff interviewed felt that this process was good and that they felt welcomed into the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice held exit interviews for the departing permanent members of staff whose reasons for leaving were noted. The practice management was due to hold a meeting with the patient participation group the day following the inspection to discuss the practice and seek feedback and give out information.

On the day of inspection we spoke to eight patients who were waiting for their appointments. Five of them had made on the day urgent appointments and three were there on routine appointment bookings. None of them felt that it had been difficult to make the appointment and generally the feedback was that the service was caring and the staff mainly displayed kindness and compassion. We spoke to the locum clinical staff on the day and they felt that patients were being treated in a timely and appropriate manner.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• The provider had not fulfilled regulatory requirements with regard to the registered manager.</li><li>• There was not a system to ensure a clinical lead for the practice when one appointed was on leave or to replace those leaving the practice.</li><li>• There was no system for local clinical oversight at the practice for nursing and GP staff.</li><li>• The clinical staff were not offered opportunities to meeting regularly on an informal or formal basis to discuss clinical concerns and risks.</li><li>• There were omissions in the system for ensuring training met the local policy</li></ul> <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 Family planning services Maternity and midwifery services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The service provider had failed to ensure that persons employed in the provision of a regulated activity received the appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- There was a lack of formal clinical supervision arrangements for clinical staff.
- Training and training updates of mandatory topics had not been delivered in a timely way for all staff.

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