The Beggarwood Surgery

Quality Report

Broadmere Road
Basingstoke
Hampshire
RG22 4AG
Tel: 01256 396500
Website: www.beggarwoodsurgery.co.uk

Date of inspection visit: 28 February 2017
Date of publication: 01/06/2017

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 service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Beggarwood Surgery on 31 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for The Beggarwood Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow up inspection on 28 February 2017. Overall the practice is now rated as inadequate.

Our key findings were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example fire risk assessments had identified actions that had not been acted upon. Not all staff were up to date with safeguarding training and staff were unaware of the chaperone policy in place in the practice.
- Although the emergency medicines and equipment were present in the practice there were some members of staff who did not know where they were located.
- Provision of additional medicines was undertaken without it being demonstrated that there was an adequate review of their care or treatment.
- National drug alerts were not being communicated effectively to all clinical staff.
- The majority of patients felt that they were treated with compassion and caring by the clinical staff. However they also felt that the staff seemed stressed and that routine appointments were difficult to obtain.
- The practice did not demonstrate effective leadership at local level. Staff felt that they were not involved with the management of the practice and that communication to the practice staff was poor.

Summary of findings

- Practice policies and protocols were reviewed, but sometimes not in a timely manner.The policies were not always adapted to local practice level, and therefore were not always relevant.
- Staff were not having regular appraisals and some mandatory training was not up to date.
- There was a shortage of staff with some GPs having to cover vacancies at another practice.This was resulting in a reduction of clinical sessions available to patients.Some staff expressed that the practice was now clinically unsafe due to staff shortages and GPs had reported their concerns to the local clinical commissioning group.
- There were some comprehensive care plans in place for patients, although not all of these were evidenced to be on the patients' electronic records and therefore were not necessarily easy to access.
- There was a high level of patient screening for disease and childhood immunisation rates were higher than the national averages.
- There was some opportunistic screening of patients for diabetes and respiratory diseases.
- There was a good system for dealing with complaints.
- The premises were clean and tidy with relevant cleaning checklists in place and there was an infection control lead undertaking cleaning audits.

Importantly, the provider must:

- Ensure that they operate effective systems and processes in order to assess and monitor the service that they provide.
- Ensure that suitable policies are in place to make sure that safety information (including MHRA drug safety alerts) are acted upon and communicated to all staff.
- Ensure that patients on high risk medicines are reviewed and monitored adequately.
- That all policies are up to date with the relevant information for the practice and that there are policies in place for all management requirements.
- Ensure procedures for assessing risk, and following risk assessments, are actioned; for example fire recommendations and provision of chaperone services.
- Ensure information is kept up to date, is accurate, and is properly analysed to ensure that where needed it is escalated and appropriate action is taken.For example, to ensure the sharing and escalation of significant event reporting and review these events for trends and analysis.
- Ensure all staff are aware of emergency policies and procedures – for example where the emergency equipment is stored in the practice.
- Ensure that the practice is actively encouraging feedback about the quality of care from all relevant persons, including patients, patient carers, staff and other relevant bodies. All feedback should be recorded and responded to as appropriate in order to evaluate and improve the service.
- Ensure that the practice has adequate staff for both urgent and routine appointments.

In addition the provider should:

- Review procedures for routine appointments as many patients feel that they are often unable to make suitable appointments.
- Review care planning integration with patient records.
- Review the number of staff meetings so that staff have more communication with management.
- Review the role of the patient participation group (PPG) and their role within the practice.
- Support staff to obtain further appropriate qualifications that enable them to perform their role.

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?

Inadequate

This practice is now rated as inadequate for providing safe services.

- Significant events were not always being discussed and acted upon for future learning.
- Not all national safety alerts were being shared and discussed with clinical staff.
- Not all staff were up to date with their safeguarding training.
- Some care plans were not entered on the patients' electronic records.
- Staff were unaware of the chaperone policy for the practice.
- It was unclear if patients were being safely monitored who were receiving repeat prescriptions for a high risk drug.
- There were not enough qualified staff to meet patient needs.
- Some staff were unaware of where to locate the emergency equipment.

Are services effective?

Requires improvement

This practice remains rated as requires improvement for providing effective services.

- The practice was comparable to other local and national practices with regards to screening rates and childhood immunisation levels.
- There were quality markers in place, including audits.
- There had been a reduction in staff and a reduction in clinical session availability.
- Staff appraisals and training had not been completed since the last inspection in May 2016.
- There was opportunistic screening and annual reviews for some patient groups.

Are services caring?

Requires improvement

This practice is now rated as requires improvement for providing caring services.

- There was a private room which patients could access for more privacy when making an appointment.
- Most staff were viewed as being very caring but some patients felt that staff could appear stressed or rude.
- Patient feedback indicated that making an appointment could be difficult and even upsetting.

Summary of findings

- The practice was proactive with regards to identifying carers and military veterans.
- The practice had care plans for those with long term conditions.

Are services responsive to people's needs?

Requires improvement

The practice remains rated as requires improvement for providing responsive services.

- There were no extended hours appointments.
- Patient feedback indicated that routine appointments were difficult to book.
- Urgent appointments were available but the GPs were concerned regarding the daily workload and the pressure to see each patient.
- Home visits and longer appointments were available on request.

Are services well-led?

Inadequate

The practice is now rated as inadequate for providing well-led services.

- There was no overarching governance framework in place.
- There were staff vacancies that had not been filled and staff felt that they were stressed due to the increase in workload and the time available to fulfil their responsibilities.There were gaps in policy information and some policies were not evidenced, for example there was no homeless patient policy.
- Staff training and appraisals were not up to date.
- Staff felt that there was no commitment of quality improvement by management.
- Staff felt disengaged in the running and management of the practice. Furthermore some staff felt that it was clinically unsafe.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Inadequate

This practice is rated as inadequate for the care of older people. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Care plans were in place but these were not always written into the patient record.
- Home visits by GPs were available.
- The practice stated that longer appointments were available.
- There were not many care notices or information on help groups in the reception area.
- There was difficulty in accessing the same GP for follow up appointments.

People with long term conditions

Inadequate

This practice is rated as inadequate for the care of those with long term conditions. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were care plans for long term conditions however not all were in the patient records.
- There were background checks for some repeat prescriptions.
- However there was evidence that not all high risk medication patients were having suitable monitoring.
- Patients may wait for four weeks for routine follow up appointments.
- There have been medication review audits for some long term medications.

Families, children and young people

Inadequate

This practice is rated as inadequate for the care of families, children and young people. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were no extended hours appointments.
- Same day appointments were available.
- There were no integrated health clinics.
- Women in pregnancy did not routinely see a GP or clinical practice staff.
- There was evidence that post baby check appointments were difficult to book.
- Contraceptive services were available.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

This practice is rated as inadequate for the care of working age people.

- There were no extended hours sessions.
- There was difficulty in booking routine appointments.
- There was a good patient uptake for cancer screening however there was a two week referral for cancer treatment.

People whose circumstances may make them vulnerable

Inadequate

The practice was rated as inadequate for providing care of vulnerable patients. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Translation service such as Language line and British Sign Language signers could be accessed when needed.
- Longer appointments were available if needed but were difficult to book.
- Patients with learning disabilities were offered an annual health check.
- The practice was accessible for patients with limited mobility.
- There was no policy for registering homeless patients.
- Patients at high risk of admission had an annual face to face review and comprehensive care plan.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice was rated as inadequate for providing care of people with poor mental health, including dementia. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice did not employ any specialist clinical staff for these patient groups.
- Patients had difficulty booking regular routine appointments.
- There were difficulties accessing the same GP for follow up appointments.
- The mental health care plans were very comprehensive.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed that for some indicators the practice was performing better than local and national averages but for other indicators it was performing below local and national averages. 247 survey forms were distributed and 116 were returned. This represented 1.5% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning group (CCG) average of 78% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 79% national average of 76%.
- 16% of patients described the reception staff of this GP practice as unhelpful compared to the local CCG average of 11% and the national average of 11%.
- 65% of patients said they were satisfied with the practice opening hours compared to the local CCG average of 76% and the national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards of which five were either positive or did not express an opinion about the standard of care received. Twelve of the comment cards expressed negative views regarding the difficulty of booking routine appointments to worries about overworked and stressed staff.

We spoke with seven patients during the inspection. Most of these also commented on the difficulty of booking a routine appointment and stated this had got worse over the last few months. One patient was unable to book a double appointment when requested and another patient was not allowed to move her essential check up to another time and was upset as her partner had had to take time off work to care for the children.

The Beggarwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC Lead Inspector and the team included a GP specialist advisor and a practice manager specialist.

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 has approximately 7,550 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.

The practice employs 5 salaried GPs (one male and four female), one advanced nurse practitioner, three practice nurses and one health care assistant. Clinical staff are supported by a dual site manager, a practice manager and reception and administrative staff.

Since the previous inspection in May 2016 the Cedar Medical Group has lost some key staff from the sister practice to The Beggarwood Surgery, with the result that some staff from The Beggarwood Surgery are now providing cover at the other practice every week. This has meant that The Beggarwood Surgery has less staff on the weekly rota than at the last inspection, and in particular has one less GP as the clinical lead spends nearly all the time at the other practice. There has also been the introduction of a new role, that of the Dual Site Manager. The role of the Dual Site Manager is to give practice management support and oversight to both practices and to the potential contract merge for the two practices due to happen in 2017.

The practice opening hours are 8.30am until 6pm Monday to Friday. From 8am until 8.30am and then from 6pm until 6.30pm the duty doctor will take 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 only location:

The Beggarwood Surgery

Broadmere Road

Basingstoke

Hampshire

RG22 4AG

Why we carried out this inspection

We undertook a comprehensive inspection of The Beggarwood Surgery on 31 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services.

We also issued requirement notices to the provider in respect of good governance, staffing and receiving and acting on complaints. We undertook a follow up inspection on 28 February 2017 to check that action had been taken to

comply with legal requirements. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for The Beggarwood Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of The Beggarwood Surgery on 28 February 2017.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England to share what they knew. We carried out an announced visit on 28 February 2017.

During our visit we:

- Spoke with a range of staff, including clinical and non-clinical staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

At our previous inspection on 31 May 2016, we rated the practice as good for providing safe services. There were good systems in place for reporting and recording significant events and there were clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. Arrangements for managing medicines, including emergency medicines and vaccines were good.

These arrangements had significantly changed when we undertook a follow up inspection on 28 February 2017. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

When we visited the practice in February 2017 it was found that

- Staff told us that they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However it was found that these significant events were not being discussed at regular meetings and that none of the 11 significant events documented in the last year had been escalated externally to the local clinical commissioning group (CCG) or via the national reporting tool.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. The practice was only able to demonstrate receiving three out of the 13 recent MHRA drug safety alerts. This meant that there had been no shared learning for some alerts including one for a commonly prescribed anti-depressant medicine.
- The practice did not evidence that lessons were shared with regards to safety procedures.There had only been one clinical meeting since the last inspection in May 2016. One significant event had been mentioned at this meeting but there were no details or learning points indicated. These meeting minutes had not been distributed to staff.

Overview of safety systems and process

- The clinical lead GP was also the safeguarding lead and had received training to the appropriate level three for children and adults. However, not all clinical staff were up to date with their appropriate level of safeguarding training.For example one nurse had been due an update on their safeguarding for children in January 2016 and one receptionist had received no safeguarding training for adults or children.We spoke to some non-clinical staff and they did not demonstrate a satisfactory awareness of safeguarding relevant to their role with speaking to patients.
- A notice in the waiting room advised patients that chaperones were available if required. However, staff were unaware of the chaperone policy and some clinical staff were unsure who was trained for the role and who had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who had received chaperone training could not recall when they were trained or what the training had involved. When we spoke to a GP they were unsure who would support them with chaperone duties and whether or not that they should use reception staff for this. This meant that there was a risk to patients and staff of using untrained staff.
- There were no records for certain essential information such as evidence of clinical staff revalidation due dates.
- Some care plans were hand written and not always on the patient electronic record. On the day of inspection it was found that there were handwritten only care plans for some diabetic and respiratory patients. This meant that there was a risk that these care plans would not therefore be read by all those who had access to the patients' electronic record.

The practice continued to maintain appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy on the day of inspection. We did not speak to the cleaning staff or see a cleaning rota or checklist on the day but there was a regular cleaning schedule.
- The nurse practitioner was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received training. Annual IPC audits were

undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw a good system of cleaning checklists and procedures.

In February 2017 it was found that:

- The processes for handling repeat prescriptions were ineffective. For example, we found warfarin prescriptions (which is a high risk drug that requires frequent blood monitoring) were being repeated for up to six months without a review.All blood tests were undertaken at the local hospital but there was no evidence of reliable feedback to tell the practice if the patients were attending for their blood tests or not. Therefore patients were provided with additional medicines without a review of their care, treatment or therapeutic levels.
- The practice has continued to carry out medicines audits, and we saw evidence of three of these. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed one personnel file of the member of staff that had started employment since the previous inspection in May 2016. We found appropriate recruitment checks had been undertaken prior to employment.

Monitoring risks to patients

There were found to be risks to patients and that these risks were not being well managed in some cases.

- An internal fire risk assessment had been carried out since the last inspection but it was not dated. It recorded that detection systems should be serviced and maintained in accordance with manufacturer's recommendation, but this was not evidenced to have occurred.
- At this inspection we noted that the practice had five yearly electrical wiring checks but that there were no records that areas needing work had been completed. After this inspection an action plan was submitted by the practice that stated that they would have an annual timetable in place for all risk assessments and would implement remedial action for all Health and Safety Risk Assessments in a timely manner by 10 September 2016. At the inspection in February 2017 there was no evidence that this system was in place. Additionally there were numerous issues from an emergency lighting inspection in November 2016 that had not been actioned.

There was not enough suitably qualified, competent and skilled staff in place to meet patients' needs. Patient and staff feedback highlighted the fact that there was difficulty in making routine appointments and that sometimes reception staff challenged the need for patients to make urgent appointments to be seen on the day.

- Patients asked on the day of inspection stated that they found it difficult to book routine appointments and were sometimes asked by reception staff if they really needed the appointment.
- The practice rota we were shown on the day of inspection indicated that an average of three GPs per day were required in the practice. On the day of inspection the actual hours of clinical time per week was significantly less than the rota indicated, even when three GPs were on duty.
- The Beggarwood Surgery typically now only had two GPs working per day (whilst it was still releasing one GP to cover at the sister practice). Therefore the actual clinical hours per week was noted to be continuously lower in the weeks leading to the follow up inspection.
- The standard rota stated that the nurse practitioner had five clinical sessions per week, but the on the day of the inspection the nurse practitioner was on annual leave and no cover had been provided.
- Three members of staff, including two GPs, stated that in their opinion the practice was clinically unsafe due in part to decreased staffing levels and the level of stress that staff were placed under due to the amount of work. The GPs had also reported their concerns urgently to the local clinical commissioning group (CCG) and to the management of IMH.

Arrangements to deal with emergencies and major incidents

The practice did not have all the arrangements in place to ensure that it could respond to emergencies and major incidents.

Inadequate

Are services safe?

- Three non-clinical members of staff were not sure where the emergency equipment was stored, including the location of the defibrillator and oxygen.

The practice did however have all the emergency medicines required, staff trained in basic life support, and also a comprehensive business plan stored both on and off the premises.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), clinical audits and staff appraisal needed improving.

Since this time we undertook a follow up inspection on 28 February 2017. The provider is still rated as requires improvement for providing effective services.

Effective needs assessment

The practice continued to assess and deliver care in line with the current National Institute for Health and Care Excellence (NICE) best practice guidelines. Relevant guidance was emailed to all GPs in a newsletter and there was evidence that these were then discussed in clinical practice meetings. There was also evidence that the practice acted upon the NHS Improvement Patient Safety Alerts, including the most recent alerts regarding acute kidney injury.

Management, monitoring and improving outcomes for people

The practice employed a member of staff to analyse and submit data for the Quality and Outcomes Framework (QOF) that shows performance for the practice against national screening programmes to monitor outcomes for patients. Since the inspection in May 2016 the practice continued to demonstrate that it was comparable to other practices and still maintained a total of 98% of all the points available for the year 2015-16. There were no concerns with the level of exception reporting. (Exception reporting is where, for example patients do not attend for review despite the practice contacting them, or where a medication cannot be prescribed due to a contra-indication or side-effect).

The practice was not an outlier for any of the data.

- Performance for diabetes was similar to the national average. For example, the percentage of patients on the diabetes register who had their average blood glucose levels monitored over three months was 75%, compared to the clinical commissioning group (CCG) average of 79% and the national average of 78%.
- Patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption was recorded in the last year was 100%, compared to the CCG average of 90% and the local average of 90%.
- Patients with hypertension whose last recorded blood pressure in the previous year was within acceptable limits was 86% compared to the CCG average of 84% and the national average of 83%.

There was evidence that audits were being undertaken to look at medicines, minor surgery and disease management, with seven audits seen in total. Only one audit was a two cycle audit – the others were all single cycle audits. For example, there was an audit that identified patients that may be at risk of undiagnosed diabetes and another that looked at patients taking aspirin who may need their medication reviewed. However despite the single cycle audits and searches undertaken by the practice there was no evidence for a plan of action to facilitate improvement and no evidence generally of quality improvement.

Effective staffing

Staff generally had the skills and knowledge to deliver effective care. However, there had been a reduction in staff in the other location run by Cedar Medical Limited since the last inspection in May 2016, including a pharmacist and GP at the sister practice. The Beggarwood Surgery was operating with a reduced number of reception staff since a member of staff had left in December 2016 and not been replaced.

- On the day of the inspection it was noted that for most days in February that the practice was short by one GP.The staff, when asked, agreed that this contributed to a lack of routine appointments and therefore an extended wait for up to 4-6 weeks for routine appointments. Patients were encouraged to see the same GP for long term problems but this was difficult due to the shortage of clinical session time. Some GPs used the booking system themselves to embargo certain appointments so that they could ensure patient continuity where they deemed it necessary.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Members of staff stated that they were not always receiving the training that they had requested, and had to fund the training that they felt was required to undertake the job role.

After the previous inspection in May 2016 the practice stated on their action plan that all staff would have access to, and use of, the e-learning and training modules by August 2016. At the time of the follow up inspection in February 2017 this was still not completed. There were also further items on the action plan submitted by the practice following the inspection in May 2016 that had not been implemented in the timeframe that was stated they would be achieved by.

- An induction plan that would include all essential training modules for staff should have been completed by September 2016. This was now scheduled to be completed by March 2017 for use in April 2017 onwards.
- Staff appraisals that were outstanding from the previous inspection in May 2016 were still to be completed six months later.The practice informed us that these would be completed in March 2017.
- There was no training matrix in place that had been due to be set up by the practice manager in August 2016.The previous inspection had highlighted this as an issue.

Coordinating patient care and information sharing

There were some good examples of patient care planning and we evidenced personalised mental health care plans and comprehensive care plans for those patients at a high risk of admission to hospital. However:

- Not all care plans were filed electronically with the patient notes. We saw diabetic and respiratory patient care plans in hand written form only.
- The practice did not use the Gold Standards Framework checklist for palliative patient discussion. This framework is a proven effective process to improve planning for end of life care, although these patients were discussed at monthly multi-disciplinary meetings.
- One GP met with the local health visitor quarterly for meetings to discuss cases and any safeguarding issues.

Consent to care and treatment

There was evidence that staff sought consent from patients for care and treatment in line with legislation and guidance.

- There was a process for signed consent for minor surgery and contraceptive procedures.
- Not all nursing staff were evidenced to have completed mental capacity training, but patient competence was assessed by the GPs and the Nurse Practitioner only, who did have the relevant training. However there was a risk that in the absence of a qualified clinician that there would be an impact on patients who did not have the full capacity to make a decision at that time.The practice did not consider mental capacity training to be essential training for any staff.

Supporting patients to live healthier lives

The practice did demonstrate that they can identify those patients that may be in need of extra support.

- There was opportunistic screening for respiratory disease and diabetes.
- Annual reviews were offered for patients with pre-diabetes and a history of gestational diabetes.

The practice continued to provide screening rates comparable to local and national averages. For example:

- The percentage of women of age 25-64 years who have had a cervical smear in the last 5 years was 83% compared to the clinical commissioning group (CCG) average of 81% and the national average of 81%. Additionally the exception reporting for this was only 1% of those invited to attend, compared to the national and local rates of 7% exception reporting.(Exception reporting is the number of people who do not attend for review despite an invitation to do so, or who cannot be included for another reason – for example a contraindication for that treatment or procedure).
- Females, aged 50-70 who were screened for breast cancer within 6 months of invitation was seen to have an uptake of 70% compared to the local CCG average of 75% and the national average of 74%
- Patients aged 60-69 who were screened for bowel cancer within 6 months of invitation had a 54% uptake for the practice, compared to an average of 59% for the CCG and 56% nationally.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Childhood immunisation levels were in line with or above national rates. For example those children aged one year who had received the full course of recommended vaccinations was 98%, which was over the 90% national target.

Requires improvement

Are services caring?

Our findings

At our previous inspection on 31 May 2016, we rated the practice as good for providing caring services.

We found that in the follow-up inspection of 28 February 2017 that patients found that the level of care from the clinical staff was generally good but that the experience of making an appointment could be difficult.

Kindness, dignity, respect and compassion

On the day of inspection we observed members of staff were courteous and treated the patients with respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff could offer patients a private room to discuss their needs as it was difficult to maintain confidentiality in the reception area as it was quite small. This room was located to the side of the reception area but was not sound proofed.

We received 17 patient Care Quality Commission comment cards of which 5 were neutral or positive about the service experienced. Patients said that the GPs were generally caring. However, 12 comment cards were negative, with all of them stating difficulties with obtaining an appointment and how they felt about this matter. Patients informed us that once seen some felt rushed by the clinical staff and could not always discuss all their health concerns.

We spoke with one member of the patient participation group (PPG). They told us that generally the GPs and nurses were caring but that the practice was not as good now as it used to be and reception staff could appear rude and would challenge patients regarding whether their appointment was urgent. The PPG was not used by the practice for feedback from patients. An example was that patients would like an extended hours service but this was not acted upon by the practice.

Results from the national GP patient survey showed patients did not always feel that their expectations were met. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey were in line with local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language and a sign language interpreter was used in the practice.

Requires improvement

Are services caring?

However due to the difficulties in obtaining appointments some patients found it more problematic in recent months to get longer appointments, even when they had a care plan or multiple medications or disorders which they wanted to review.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area for some support groups and organisations.

The practice had identified 124 patients as carers (around 2% of the practice list). Military veterans were identified and coded on their medical records so that their needs could be assessed easily. Patients with alternative religious beliefs in relation to healthcare were also coded as such on the patient records.

Staff told us that if families had suffered bereavement, then the bereavement was recorded in a book in the reception area so that the reception staff could coordinate the cancellation of appointments and notify other agencies. GPs would call if appropriate and a bereavement letter was in the process of being developed by one of the GPs.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had not improved when we undertook a follow up inspection on 28 February 2017.

Responding to and meeting people's needs

The practice could not evidence any reviews of the needs of its local population or engagement with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services..

- The practice did not offer extended hours appointments.
- There were longer appointments available for patients with a learning disability or who were considered vulnerable but patients on the day of inspection stated that these could be difficult to book.
- Home visits were available on request.
- Same day appointments were available but the GPs stated that the quantity of these put them under huge pressure on a daily basis.
- There were plans to use reception staff to become care navigators and triage patients in the future but there were no details given as to the training or when this might be implemented.

There were disabled facilities, a hearing loop and translation services were available.

Access to the service

The practice opening hours were 8.30am until 6pm Monday to Friday, with a duty doctor taking calls to the practice from 8am to 8.30am and then from 6pm to 6.30pm. Appointments were generally available from 9am until 12.30pm and then 3pm until 5.30pm each day. Urgent appointments were available on the day and routine appointments available up to six weeks in advance, although the patient feedback on the day stated that these were very difficult to book. This was due to shortage of appointments or even no availability for any appointments. One patient we spoke to on the day urgently wished to move an appointment but was advised that they could not. Generally patients expressed a wish to have extended hours opening and the patient participation group stated that they would like to see more later sessions in the week and maybe a Saturday session.

The results from the GP 2016 survey showed results in line with national and local averages.

- 73% of respondents to the GP surgery stated that the last time they wanted to see a GP or nurse they were able to get an appointment compared to the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 72% of respondents stated that the experience of making an appointment was good compared to the CCG average of 75% and the national average of 73%.
- 93% of respondents stated that they could easily get through on the telephone to the surgery, compared to the CCG average of 78% and the national average of 73%.
- 14% thought that the experience of making an appointment was poor, compared to the CCG average of 11% and that national average of 12%.

If a patient requested an urgent appointment and could not be accommodated then a GP or nurse would call them back during the day to speak on the telephone to assess if the patient needed to be seen face to face. Additionally this system was used to prioritise home visit requests. The receptionists alerted the duty GP if they felt that there was urgency or they were unsure. The duty GP monitored home visit requests as they came onto the triage screen and would normally telephone triage the request.

Most days there was scheduled to be three GPs on duty but in the last two months there were normally only two GPs on duty as one was constantly covering clinical shortfall at a partner practice in Basingstoke.

Listening and learning from concerns and complaints

When the practice was inspected in May 2016 it was found that the complaints process was not fully recorded and actioned. The practice then implemented a clear complaint process and on the inspection in February 2017 it was found that the complaints were now dealt with effectively and in an appropriate manner. The practice management

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

team were meeting monthly and complaints, and any learning points from them, were discussed then. There was also a system in place to check that actions were implemented and embedded into the practice.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing well-led services as there had been shortfalls in the implementation and monitoring of practice policies, a lack of staff appraisals, problems with dealing with complaints and significant events and issues with implementing a training schedule for all staff.

We issued a requirement notice in respect of these issues and found arrangements had improved in some areas when we undertook a follow up inspection of the service on 28 February 2017. However, the action plan since the last inspection had not been implemented as the practice had stated it would be and that there were now further shortfalls with the overall governance of the practice.

Vision and strategy

When the inspection took place in May 2016 the practice had an aim to become the leading GP practice in Basingstoke. At this inspection the we found that the vision and values were not always being achieved.

When we visited in February 2017 the practice presented the new vision for the future. This included officially merging with another Cedar Medical Limited practice, provide enhanced learning for GP and nurse students to enable them to have placements in the practice, and embed a new communications system between the two newly partnered GP practices. Since the last inspection in May 2016 Cedar Medical Limited had experienced both clinical and non-clinical staff leaving from both the practices under its management. A new role of dual site manager had been introduced to oversee practice management across The Beggarwood Surgery and its sister practice. There were plans to contract merge the two practices together but at the time of the inspection this had not taken place.

Governance arrangements

The practice did not have an effective overarching governance framework in place. There were shortfalls in the delivery of strategy and good quality care.

- The practice relies upon the support of IMH for much of its business management including recruitment processes and provision of policies and procedure.
- There had been recent staff vacancies that had not been filled with new staff.A partner practice also had staff leave that could not be replaced and therefore some staff from The Beggarwood Practice were working across the two sites which was resulting in further loss of staff time from the practice.
- The practice had policies and procedures in place but these were not always relevant to the practice and did not signpost staff to important information such as emergency telephone numbers. For example, the safeguarding policy did not contain any information regarding the practice clinical lead, the safeguarding contacts in the local clinical commissioning group (CCG) or contacts in the NHS trust.
- There was no process for ensuring that all staff were made aware of national drug alerts.
- Some policies were not in place. For example, there was no policy for homeless patient registrations.
- Staff were unaware of who could be asked to be chaperone, and which relevant checks and training they should have.
- The records for building maintenance information was disorganised and incorrectly filed in some cases.
- There were also no records for certain essential information such as evidence of clinical staff revalidation due dates.
- Staff appraisals were still overdue despite an action plan after the last inspection in May 2016 that stated that these would all be completed by August 2016.
- Complaints and significant events were documented and some discussion of these evidenced. However, none of the significant events had been escalated externally to the local CCG or national reporting tool. There was no evidence that these significant events were being assessed internally for trends or analysis.
- Some patient care plans were not entered onto the electronic patient records.
- There was provision of high risk medicines on repeat prescriptions without evidence of adequate review and monitoring of all these patients.

Are services well-led?

Inadequate

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

- Some staff stated that they were not being supported in their training requirements with one member of non-clinical staff funding their own training which they believed necessary for their job role.
- Some staff were unaware of the location of the emergency equipment such as the defibrillator and the oxygen.
- There were risk assessments with resulting actions that had not been acted upon.For example the fire risk assessment since the last inspection.

Leadership and culture

On the day of the inspection the clinical staff demonstrated that they had the experience and capability to care for the patients but that generally they felt that the leadership team from Cedar Medical Limited did not support or engage them with the delivery or leadership and management of the practice. There was little communication to staff regarding the plans for the practice in the future, particularly with regards to staffing levels or merging with another practice. Staff described that they felt disengaged and that leadership was distant from them.

Staff told us they had wanted to prioritise safe, high quality and compassionate care but not all staff felt that they were able to do this due to the significant shortages of clinical and non-clinical roles.

During the inspection it was possible to interview some staff, and to gain feedback and information on how the practice was run, the provider was represented by one manager known as the Dual Site Manager..

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

However, the staff felt that there were too few staff meetings and that they were not always aware of exactly what was happening in the practice. The Dual Site Manager was increasingly taking the leadership of the practice but none of the clinical staff in particular were involved with the managerial roles and all the GPs were salaried; some of the GPs expressed concerns about their futures at the practice under the present conditions.

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

The practice had undertaken a staff survey. Of 18 staff surveys given out only eight had been completed by staff. Of these eight responses,

- 87% understood their job responsibilities.
- 37% stated that they had the resources to do their job properly.
- 25% felt that they were praised for doing a good job.
- 12% felt that they were proud to be associated with the practice.
- 12% felt that their contributions to the practice development were valued.
- 12% felt that there was a commitment to quality improvement in work processes.

The practice management stated that they would implement plans in the light of this to ensure staff appraisals were completed by March 2017 and that all these issues would be reviewed in the summer of 2017. There was no confirmation by management that there would be further staff recruitment and no acknowledgement that extra staff were needed.

On the day of the inspection 11 staff were asked if they felt that their views were listened to. Seven staff said that they were listened to within their own departmental meetings, however the practice did not routinely hold whole staff meetings and staff did not feel that had any communication with the senior management and did not know what the future plans were for the practice. Not all staff had received a recent appraisal and staff were not offered other ways to communicate their views formally to the management.

The patient participation group (PPG) was not used as a feedback mechanism for the practice to gain patient views. The practice had received complaints regarding the difficulty in getting routine appointments but had not implemented any actions to improve this accessibility.

The clinical lead GP had told the provider that the practice was clinically unsafe due to the low staffing levels and the reduced clinical session time which meant that the practice was operating with only two GPs instead of three most days. At the time of inspection there were no immediate

Are services well-led?

Inadequate

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

plans to increase the clinical levels despite the staff concern raised at a recent meeting. The provider did not demonstrate that they had recognised how the changes had impacted on safety and quality provided to patients. For example at the inspection the provider representative continued to supply data to the inspection team based on weighted populations, which are used for funding purposes, to calculate clinical sessions rather than the actual population for the practice.

Continuous Improvement

There was no focus on continuous learning and improvement within the practice. The provider was not identifying improvements to the practice which could improve the quality and safety of the service in regards to core issues. In particular the practice was not seeking to improve staffing levels and local governance.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice did not fully assess the risks to the health and safety of service users of receiving the care of treatment and had not done all that was reasonably practicable to mitigate any such risks. • Not all staff had received up to date training relevant to their roles • Some staff were unaware of the location of emergency equipment • There was no comprehensive system in place to ensure that all national drug safety alerts were being communicated within the practice • It was not demonstrated that there was a safe system for monitoring all patients on high risk medications that required repeat prescriptions This was in breach of regulation 12 (1)

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 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The practice did not operate its systems and processes effectively to ensure compliance with the requirements. This included the systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and other who may be at risk. In summary: • The practice could not demonstrate that it had received, and shared with staff, the national drug safety alerts. • Risk assessments had not always been fully acted upon, for example the fire risk assessment. • Significant event reporting was not being reviewed and analysed by the practice or escalated for national reporting. • It was not demonstrated that patients on repeat prescriptions for high risk medications were being monitored adequately. • Certain policies and information were missing.There was no chaperone policy, no homeless patient policy and some staff were unaware where the emergency equipment was stored. • Some policies did not have relevant information.The safeguarding policy had no local contact names or numbers. • There was a lack of feedback from staff to management and no routine practice meetings for all staff to attend. • The patient participation group was not utilised as an effective feedback mechanism between staff and patients.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 17(1)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • There were not enough suitably qualified, competent, skilled and experienced persons deployed in the practice to meet the requirements of patients. • Vacancies had not been filled and clinical staff, particularly GPs, were found to have been regularly taken from the practice rota to cover shortages at a partner practice.This had resulted in a reduction of clinical sessions at The Beggarwood Surgery: • Some staff training was not up to date, for example safeguarding for all staff. • There were omissions in training and one member of staff was funding the training themselves for a course that they considered a requirement for their job role. • There were staff appraisals that were overdue or not undertaken. This was in breach of regulation 18(1)