

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.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

At our previous inspection in February 2017 we found the practice to be inadequate overall. Following this inspection on 14 November 2017 we rated the practice as requires improvement overall.

The key questions are rated as:

- Are services safe? – Requires improvement
- Are services effective? – Requires improvement
- Are services caring? – Good
- Are services responsive? – Requires improvement
- Are services well-led? -Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. Due to the overall rating being Requires Improvement the population groups are rated as:

- Older People – Requires improvement
- People with long-term conditions – Requires improvement
- Families, children and young people – Requires improvement

- Working age people (including those retired and students) – Requires improvement
- People whose circumstances may make them vulnerable – Requires improvement
- People experiencing poor mental health (including people with dementia) - Requires improvement

Previously 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. Warning notices were also served. We then undertook a follow up, focused inspection on 21 June 2017 to look specifically at the shortfalls identified in the warning notices. We found that there were some improvements at that time.

On this occasion we carried out an announced comprehensive inspection at The Beggarwood Surgery on 17 November 2017, to follow up on breaches of regulations found at our comprehensive inspection in February 2017 as well as progress since the inspection in June 2017.

At this inspection we found:

Summary of findings

- The practice had recently introduced new systems to manage risk so that safety incidents were less likely to happen. When incidents were identified, the practice learned from them and improved their processes.
- The practice had recently commenced routine reviews of the effectiveness and appropriateness of the care it provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had recently employed a clinical lead GP to improve local clinical oversight.
- There was an increasing availability of both urgent and routine appointments.
- The practice had a vision of improvement, although there was no yet a sustained track record for delivery of the vision.

Areas where the provider **must** make improvements as they are in breach of regulations :

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.






This service was placed in special measures in June 2017. Insufficient improvements have been made such that there remains a rating of inadequate for Well Led services. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

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

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 included a GP specialist adviser, and a second CQC inspector.

Background to The Beggarwood Surgery

The Beggarwood Surgery is part of the Cedar Medical Group Limited. There are two locations for this provider, the other is registered as Rooksdown Surgery which since our last comprehensive inspection now holds the clinical commissioning group contract and The Beggarwood Surgery is due to become a branch of that practice. Support for the business management is provided by Integral Medical Holdings (IMH).

The Beggarwood Surgery has approximately 7,500 patients registered. The Beggarwood Surgery practice has a high

number of families with younger children and is situated in an ethnically diverse area with a relatively high population of Polish, Asian and African population groups. It is situated in an area where there is least deprivation.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Surgical procedures;
- Treatment of disease, disorder or injury;
- Family planning;
- Maternity and midwifery services;
- Diagnostic and screening procedures.

There are two locations for the provider Cedar Medical Limited. We inspected this location only:

The Beggarwood Surgery

Broadmere Road

Basingstoke

Hampshire

RG22 4AG

Practice website: www.beggarwoodsurgery.co.uk

Are services safe?

Our findings

At our previous inspection of February 2017 we rated the practice as inadequate for safe services as the arrangements in respect of the following were not adequate:

- 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.

The arrangements had improved when we undertook the follow up inspection 14 November 2017. The practice is now as requires improvement for safe services.

- The practice was improving on past shortfalls, but had not demonstrated a sustained safety record with regards to acting on incidents or safety alerts.
- All staff were now up to date with their safeguarding training.
- Care plans were now entered onto patient notes, but there were still limited systems within the practice for sharing patient information.
- Chaperones were clearly identified by staff and there was an accessible policy.
- There had been improvements in medicine management, but some shortfalls were still identified.

- There were some improvements in staff numbers and planning within the practice.
- Some staff were still unsure of the exact location of the emergency equipment in the practice.
- Safety processes were not yet embedded and there were some omissions, for example ensuring sharps boxes were correctly disposed of and that the Legionella risk assessment was adhered to.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had recently implemented new computer software that contained the safety policies which were reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse.
- The management company undertook the recruitment for practice staff. All recruitment files were stored and updated centrally by this company and therefore were not viewed on the day of inspection. However we saw evidence that they carried out (DBS 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. There was a policy that outlined the protocol for chaperoning available on the new software system.
- There was a system to manage infection prevention and control. We reviewed policies and procedures. The information in the policy was in line with relevant guidance, but there was no local policy produced to demonstrate how infection control was managed in the practice.
- Staff said that there was a lead nurse for infection control who was based at their sister practice and would visit on a weekly basis. The policy stated that clinical

Are services safe?

meetings would have infection control as a standing agenda item, which was evidenced. However, there was no recorded discussion of any infection control issues or actions at these meetings. The infection control lead was not shown to have attended the meetings in the minutes provided at the inspection.

- Audits had been carried out on areas such as hand hygiene and waste control. When needed appropriate action had been taken. We were provided with a copy of an audit carried out in May 2017, but noted that this audit related to the sister practice and not for The Beggarwood Surgery, therefore there was no direct evidence that there had been an infection control audit for this practice.
- The practice was visibly clean and tidy, but improvements could be made in monitoring of some areas undertaken by the external cleaning company. The practice had a communication book for staff to indicate which areas needed attention. The cleaning company was responsible for carrying out monthly monitoring checks, however these were not evidenced to have been done and shared with the practice as per the practice policy.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste, with the exception of sharps bins. We found a sharps bin which had been assembled on 20/06/17 and was closed on 9/11/17 which is over the three month timescale for safety. Two other sharps bins we checked had been assembled within the previous month.

Risks to patients

There were recently implemented systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff said that this had improved in recent months and there were usually two GPs and two Advanced Nurse Practitioners (ANPs), who handled same day and urgent appointments, on duty. Apart from two days when there was only one ANP and two GPs. Practice nurses and healthcare assistants

were responsible for providing care and treatment of patients with other needs, such as those with long term conditions or patients who required wound dressings on a regular basis.

- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However two reception staff were unaware of the location of the emergency equipment, including the defibrillator.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The risk assessment for Legionella in the practice had not been followed in the last six months. The risk assessment stated that temperature checks should be undertaken monthly, that water pipes flushed every week, and that the system be de-scaled quarterly. There was no evidence that this had occurred in the last six months, with the exception of one water temperature undertaken in the last month. (Legionella is a water-borne disease).

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice, however, had limited systems for sharing of information with staff and other agencies in the delivery of safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, but these were not always evidenced to be reliable.

- There were systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Vaccines were stored in

Are services safe?

refrigerators which had the minimum and maximum temperatures recorded twice a day. The documentation indicated that medicines were stored between two and eight degrees. The practice had electronic data loggers for the refrigerators, but temperature data had not been downloaded since February 2017 and staff said that they had not received training in how to use the data loggers. We found that temperatures of the refrigerators were within safe limits on the day of inspection.

- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However not all patients' health was not fully monitored to ensure medicines were being used safely and followed up on appropriately.
- For example in October 2017 a visit was made by a pharmacist from the clinical commissioning group (CCG) who found that medicine reviews for patients had not been routinely carried out. The visit highlighted in particular concerns with monitoring of patients on warfarin, a blood thinning medicine, and methotrexate, a medicine which is used most often to treat rheumatoid arthritis. Audits carried out by the practice on 2 November 2017 showed that seven patients on warfarin had not had a blood test in line with current guidance or their clinical need. A total of six patients on methotrexate had not had blood tests in the previous two months, to ensure their immune system was functioning normally. Information requested and received from the practice 24 hours after the inspection showed that appropriate action had been taken when the concerns were identified in November 2017.
- Figures contained within an internal memo showed that 33% of patients at The Beggarwood Surgery and their sister practice had had a medicine review carried out, against a practice target of 75% or over. There was a plan for what searches of patient records needed to be carried out, for example, patients on 10 or more medicines; and patients on the diabetic register. However, there were no fixed timescales for actions or planning for future searches provided when asked for.

- There was no evidence to show that the practice had audited antimicrobial prescribing, although the overall antibiotic prescribing levels was satisfactory, according to national figures.

Track record on safety

The practice had an improving safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Incidents that may have had an impact on patient safety had not always dealt with in a timely manner. For example, there was a lapse in the registration of a nurse at the practice. This was highlighted by the nurse to the practice on 8 October, but the registration was still not renewed in a timely fashion and therefore all the nurse shifts had to be rostered to be covered by alternative staff up to 31 October.
- The practice monitored and reviewed activity and was using accessible computer software to keep track of each incident or concern. This software enabled the practice to understand risks and promote safety improvements.
- The logging of incidents had improved and there was a focus on continuing with this improvement for completing the incident analysis and learning points going forwards.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. However, the practice did not always identify occasions when a significant event had occurred. In October 2017 the practice had a situation where 1100 pieces of correspondence from other health providers, such as the out of hours GP service, had not be actioned and uploaded onto their computer system. The practice did not record this as a significant until they were prompted by the clinical commissioning group on 27 October 2017. The practice then put in place measures to clear this backlog and outsourced some of the work to a national company to ensure it was completed. During this process the practice found that there was a safeguarding event which had not been acted upon.

Are services safe?

- The practice said that there was now a system in place that would lead to a trigger for further external support if the number of pieces of correspondence reached a certain level. On the day of this inspection this level had not been reached.
- There were recently implemented systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. One example was when the lift malfunctioned with patients inside and staff were unaware of the procedure. Staff have now been informed of the correct process to follow with regards to opening the doors manually.
- There were shortfalls in the system for receiving and acting on safety alerts. Records from the visit made by

the CCG pharmacist, which were shared with us by the practice, showed that they had only received three out of 13 medicine alerts and had not acted upon them at the time of the CCG visit. For example, in April 2017 a medicines alert was produced which detailed potential serious side effects when pregnant women were on a valproate, a chemical which is found in medicines used to control epilepsy. The information on this alert had not been acted upon until the visit in October 2017. Following the visit the practice carried out an audit of patients who were on this medicine and contacted them to discuss the risks. Data provided by the practice showed that this affected 11 patients, but it was not clear whether the patients were registered at The Beggarwood Surgery or their sister practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection of February 2017 we rated the practice as requires improvement for effective services as the arrangements in respect of the following were not adequate:

- There had been a reduction in staff and a reduction in clinical session availability.
- Staff appraisals and training had not been completed since the previous inspection in May 2016.
- The systems and processes in place to assess and monitor the service provided were not adequate, particularly with reference to clinical supervision.
- There was little evidence of quality improvement, such as comprehensive auditing programmes.

The arrangements had improved when we undertook the follow up inspection 14 November 2017. However the practice remains as requires improvement for effective services and across all population groups.

- Staffing levels had improved and there was clinical session availability.
- The practice had undertaken reviews but staffing levels were not always evidenced to be consistent and providing continuity for patients.
- Staff training programmes had been undertaken in October and November and all staff were now up to date with their mandatory training requirements.
- There was a GP lead who provided clinical supervision.
- There were no dedicated care meetings in place for those patients with extra needs.
- Quality improvement programmes were not shown to be regularly undertaken.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and

protocols. Staff said they were able to access National Institute of Clinical Excellence guidance via the internet and the templates used for care planning were based on this guidance.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

For example figures for 2016/17 (latest published figures) showed:

- The average daily quantity of hypnotics prescribed per Specific Therapeutic group was less than 1%, which was comparable to the clinical commissioning group (CCG) and national averages.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was under 1% which was comparable to the CCG and national averages of 1%.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used text reminders for patient appointments.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated requires improvement because:

- Older patients who are frail or may be vulnerable received an assessment of their physical, mental and social needs. However, there were shortfalls in the quantity of medicine reviews which had started to be addressed at the time of inspection.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Practice nurses and the healthcare assistant were trained to undertake pressure bandaging dressings, which are a specialist method of dressing leg ulcers.

People with long-term conditions:

Are services effective?

(for example, treatment is effective)

This population group was rated requires improvement because:

- There were no formal or informal processes yet in place for the GP to liaise with health and care professionals in order to deliver a coordinated package of care for those with complex needs.
- Special patient notes were not used by the practice to enable information to be shared effectively with other health professionals, such as out of hours GPs and the emergency services, when needed.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Practice nurses and the healthcare assistant were responsible for carrying out asthma and diabetic checks and reviews. There were recall systems in place for patients with long term conditions. Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.

Families, children and young people:

This population group was rated requires improvement because:

- The health visiting team was invited to attend monthly practice meetings and multi-disciplinary meetings were due to commence in December 2017.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice ran weekly baby and child immunisation clinics and had systems in place to follow up on those who did not attend or had missed vaccines.
- At our previous inspection in June 2017, we found that pregnant women were unable to book routine appointments for their antenatal care. This had improved and routine appointments were available. In addition a midwife carried out two clinics a week at the practice.

Working age people (including those recently retired and students):

This population group was rated requires improvement because:

- Extended hours appointments were not offered.
- The practice's uptake for cervical screening was 84%, which was comparable to the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement because:

- There were no care planning meetings taking place regularly to discuss patient need in the practice and no multi-disciplinary meetings to share information.
- End of life care was reviewed by a GP on a patient by patient basis that did take into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People experiencing poor mental health (including people with dementia):

This population group was rated requires improvement because:

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- The percentage of patients experiencing poor mental health, including schizophrenia and other psychoses, who had received discussion and advice about alcohol consumption, was 72% which was lower when compared to the CCG average of 89% and the national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99% compared to the CCG average of 98% and the national average of 97%.

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice did not have a programme of quality improvement activity but had undertaken three searches/audits in the last two months. These had been in response to specific CCG concerns regarding the high risk medicines warfarin, sodium valproate and methotrexate. After the inspection we were supplied with a calendar of audit tasks that the practice would undertake.

The most recent published Quality and Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate for clinical domains was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

- Staff demonstrated that they had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice had undertaken extensive on-line training packages with all staff in the last month prior to inspection and as a result all staff were now up to date with all mandatory training requirements.
- The practice had recently reinstated their supervision and appraisal system. New staff were offered and given an induction relevant to their role. One member of staff who had worked at the practice before said that their induction programme was tailored to meet their needs and sufficient time was allowed before they saw patients on their own.
- Records showed that appraisals had recommenced in October 2017 and there were plans in place to introduce clinical supervision, but there was not detail on how or

when this was going to occur. All staff we spoke with said they would not hesitate to seek support from their colleagues if needed and were not pressured to undertake duties which they were not confident in.

Coordinating care and treatment

New staff were becoming integrated into the practice and there were plans to work together and with other health and social care professionals to improve the delivery of effective care and treatment.

- We saw that practice staff were involved in planning and delivering care and treatment with patients, but that this was limited to the practice. There were not yet multi-disciplinary processes in place and therefore different teams, services and organisations were not evidenced to be regularly involved in the care and treatment.
- There were plans to improve this co-ordination of care and treatment in the next two months.
- Patients were appropriately referred to other services.
- The practice kept a list of vulnerable patients which the GPs used to review patient care.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, patients at risk of developing a long-term condition and carers. However, there were currently no multi-disciplinary meetings to further support this.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. The reception area had information on stopping smoking, healthy eating and support services in the area, such as counselling services.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our previous inspection of February 2017 we rated the practice as requires improvement for caring services as the arrangements in respect of the following were not adequate:

- Most staff were viewed as being 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.

The arrangements had improved when we undertook the follow up inspection on 14 November 2017. The practice is now rated as good for caring services.

- Staff were seen to be compassionate and caring.
- Patient feedback on the day supported the view that the practice was improving and that the staff were treating patients in a caring manner.
- The practice identified and offered support to patients who were also carers.
- The practice ensured patient confidentiality.
- GP patient survey results were in line with national averages for patients being treated with care and concern.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 244 surveys were sent out and 124 were returned. This represented about 1.5% of the practice population. Results were in line

with local and national averages and comparable to figures available at our last inspection in February 2017 with improvement noted in GPs treating patients with care and concern:

For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%. An increase of 5% since our inspection in February 2017.
- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

However:

- 75% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%. Three reception staff admitted that the practice was still a challenging place to work and that more staff were required to relieve the stress that the staff stated that they felt. The practice was commencing recruitment of staff which may include increasing reception staff levels.

Involvement in decisions about care and treatment

Are services caring?

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available on request.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was a member of staff who was responsible for identifying carers and keeping an up to date register and sending correspondence when required. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 300 patients over The Beggarwood Surgery and its sister practice, as carers. This was approximately 2% of the combined practice list. The practice offered this patient group information on voluntary organisations that offered support and advice for patients who were carers.

Results from the national GP patient survey showed patients responded positively to questions about their

involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages and comparable to figures available at our last inspection in February 2017, with improvement in GPs explaining tests and treatments to patients:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%. An increase of 7% since our inspection in February 2017.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- There was a dedicated room as part of the waiting room where patients could discuss issues privately with reception staff.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection of February 2017 we rated the practice as requires improvement for responsive services as the arrangements in respect of the following were not adequate:

- 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.

The arrangements had improved when we undertook the follow up inspection 14 November 2017. However, the practice remains rated as requires improvement for responsive services across all population groups due to:

- There were now urgent appointments available on the day. At the inspection there were routine bookable appointments available within one week.
- Health reviews were not always being carried out at appropriate intervals.
- Complaints were not being dealt with in a timely fashion.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Online services such as appointment booking and repeat prescription services were available. However, the practice did not offer extended hours appointments. Staffing had improved since our previous inspection and there was now a permanent advanced nurse practitioner (ANP) and a GP on a six month contract. In addition there was a locum GP and a Locum ANP, who offered same day appointments. Work was progressing on offering routine pre-bookable appointments.
- The facilities and premises were appropriate for the services delivered.

- The practice made reasonable adjustments when patients found it hard to access services. Consulting rooms were available on the ground and first floor and there was a passenger lift. Doors to the reception area were automated, with a push button for wheelchair users. Accessible toilet facilities were available. A hearing loop was available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. However, improvements were needed in ensuring medicine reviews were carried out when needed.

Older people:

This population group was rated requires improvement because:

- The practice website advised patients that they had a designated GP and they could request details from the practice on who it was.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

This population group was rated requires improvement because:

- Patients with a long-term condition were offered a review to check their health and medicine needs were being appropriately met. Improvements were needed to ensure that these occurred at regular intervals and related blood tests were carried out.
- Advanced nurse practitioners and practice nurse were able to offer longer appointments when needed. Work had started on reviewing how asthma reviews would be organised in the future to include a choice of how consultations were carried out. For example, telephone consultations with a practice nurse or face to face appointments.
- The practice did not hold regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

Are services responsive to people's needs?

(for example, to feedback?)

This population group was rated requires improvement because:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

This population group was rated requires improvement because:

- There were no extended hours offered at the practice.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated requires improvement because:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were not always regular GPs for continuity of care.

People experiencing poor mental health (including people with dementia):

This population group was rated requires improvement because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There had not always been routine bookable appointments available, but this was improving and on the day of inspection we saw that routine appointments were available.

Timely access to the service

On the day of inspection it was evidenced that patients were now able to access care and treatment from the

practice within an acceptable timescale for their needs. Patients had access to initial assessment; test results, diagnosis and treatment, but there had been delays in ensuring all information was scanned onto their records.

- Waiting times, delays and cancellations were minimal and managed appropriately. Patients with the most urgent needs had their care and treatment prioritised.
- At our previous inspection concerns had been raised about the availability of pre-bookable routine appointments. The appointment system had been reviewed and on the day of inspection we saw that pre-bookable appointments were available within one week. Same day and urgent appointments were also available. Staff said they were able to book directly into appointment slots, to enable them to provide continuity of care.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. A total of 244 surveys were sent out and 124 were returned. This represented about 1.5% of the practice population.

- 64% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 90% of patients who responded said they could get through easily to the practice by phone; CCG - 73%; national average - 71%.
- 70% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 67% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.

The practice was aware that they had needed to improve and the significantly lower than average data regarding

Are services responsive to people's needs?

(for example, to feedback?)

appointment convenience and availability demonstrated that there had been issues. The practice was putting in place new staff and management processes to improve these results but at the time of the inspection these staff and processes had yet to be embedded and for improvements to be demonstrated in the data.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. 17 complaints were reported by the practice as having been received in the last year. We reviewed 6 complaints and found that they were satisfactorily handled, but not responded to in a timely way. Final letters detailing the outcome of the practice investigation had not been sent within the timeframe specified in the practice policy.
- The practice had taken steps to implement a system so that lessons could be learned from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Practice meetings had started in the last two months where these could be discussed.

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 of February 2017 we rated the practice as inadequate for well led services as the arrangements in respect of the following were not adequate:

- The practice did not have an effective overarching governance framework in place.
- There were shortfalls in the delivery of strategy and good quality care.
- Some policies were not in place.
- Processes were not always evidenced to be safe or effective.
- There was a lack of staffing and clinical appointment availability.
- The GP lead stated that in their opinion the practice was clinically unsafe.

The arrangements had improved when we undertook the follow up inspection on 14 November 2017. However the practice remains rated as inadequate for well led services.

- There were new systems to improve the service; however these were not yet embedded and therefore not evidenced to always be safe and effective.
- Staffing levels had improved with some interim arrangements and appointment availability had some improvement.
- There had been an effort by the practice in the month prior to the inspection to ensure all policies and procedures were in place. These were largely generic policies from the management company that needed to be read in conjunction with a localisation document specific to the practice.
- Staff spoken to on the day told us that they were committed to improving the practice and to implementing the changes needed for this to occur.
- The practice had received assistance from the local commissioning group and the management company since the last inspection. It was evidenced that an

extensive amount of the improvements had taken place in the last month, using this assistance. There was not yet a track record of continuous improvements or stability in the management of the practice.

Leadership capacity and capability

The practice had an interim clinical lead who commenced working at the practice in October 2017, following a high turnover of staff over the summer where GPs and nurses had left the practice. In addition an interim head nurse had started working at the practice in October 2017. These staff were employed by Integral Medical Holdings (IMH) who provided clinical and back office support to the practice. Support was also being provided by an IMH compliance manager.

Staff we spoke with gave differing views on how long these arrangements had been in place. With some saying that it had only been in the past two weeks and others said it was longer.

The leadership team had reinstated regular clinical and practice meetings and a system of supervision and appraisals. These had commenced in October 2017. We were informed that some staff were due to only be staying at the practice for a temporary period of time, with some other staff employed on a permanent contract with the practice.

There were a meetings proposed to occur in the future but that were not yet scheduled with staff and outside agencies.

Vision and strategy

The practice had received support from the clinical commissioning group; NHS England and the Royal College of General Practitioners since the previous inspection, when the practice was placed in special measures.

We were informed that a new lead GP had recently been recruited and would be starting in the New Year.

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- There was a vision in the form of a newly written mission statement.

Are services well-led?

Inadequate 

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

- The practice stated that it had a strategy to continue improvements over the next few months. As an example we saw evidence that the practice intended to enter into a contract with a local GP federation to share the services of a clinical pharmacist.
- The practice developed its vision with staff. The mission statement was displayed on notice boards in the practice. We were told that the statement had not changed, but staff were consulted on whether the aims were still relevant.
- Staff were aware of and understood the mission statement for the practice. The interim leadership team had produced a document to clarify the leadership structure of the provider and the management company, which provided support.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice had plans to monitor progress against delivery of the strategy.
- Staff we spoke with told us they were able to raise concerns. However not all staff were confident that these would be addressed.
- Processes for providing staff with the development they needed had been re-instated and nurses told us that they were planning clinical supervision sessions to assist with their revalidation. There were processes for providing all staff with the training they needed. This included relevant training either online or in face to face sessions. Staff confirmed they were given protected time to carry out training in the month before the inspection.
- An appraisal system for staff was in place, which had been re-instated since our previous inspection in February 2017. The practice showed us the plans for when appraisal would be occurring in the future.
- There was an emphasis on the safety and well-being of all staff. Arrangements were now in place to ensure that no member of staff worked with patients when they were alone on the premises.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams who worked daily in the practice. However most staff accepted that there had been challenges with the many changes in the practice in the last year. All staff were committed to patient care.

Culture

The practice stated that it aimed to develop a culture of high-quality sustainable care.

- Staff stated they had noted improvements in communication within the practice since our previous inspection and they considered they were listened to. However four members of staff stated that this was not always consistent. One member of staff stated that suggestions in meetings were never acted upon, whilst three other members of staff stated that suggestions were sometimes acted upon.
- Openness, honesty and transparency were demonstrated in the two months before this inspection when responding to incidents and complaints. One clinical incident involving a young patient with chest pain had led to GP learning actions, and an administrative incident involving correspondence issues had led to better document processing protocols.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

Staff and the interim leadership team were aware of their roles and responsibilities to support governance and management. Systems and processes which had been reviewed since our previous inspection had not been in place for a sufficient period of time to demonstrate fully that they were embedded in every day practice. For example:

- Reviews and recall systems in place were in the process of being reviewed to ensure that patients were provided with appropriate care and treatment, such as, asthma care pathways. This particular pathway had not been implemented and there was no indication of when this would occur.

Are services well-led?

Inadequate 

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

- There was a reactive approach to ensuring medicine alerts were received and acted upon in a timely manner. Patients had been put at risk of not receiving appropriate care and treatment.
- Systems for managing significant events were in place, however, staff did not always report significant events appropriately.
- Policies and procedures which supported care and treatment were in place and accessible to staff. Information contained within the policies was in line with current guidance, but needed to reflect what actions were needed on a local level.
- Infection control processes were in place, but there were shortfalls in the oversight and monitoring of cleaning within the practice.
- Staff were aware of their roles and accountabilities including in respect of safeguarding and infection prevention and control. In the last couple of weeks the management company had installed their own staff to guide these processes on a temporary basis.
- Practice leaders were in the process of installing proper policies, procedures and activities to ensure safety and to assure themselves that they were operating as intended.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice did not have a programme of quality improvement activity, but the three searches undertaken following the clinical commission quality group review had shown a positive impact on quality of care and outcomes for patients. There was some evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- There were systems in place to manage infection prevention and control, but the practice was unable to demonstrate fully how they ensured that risk was minimised. We looked at the infection control policy and annual statement produced. The policy was generic and not localised to the practice. There was no information on who the lead infection control member of staff was at the practice. Staff told us that a practice nurse from their sister practice came to The Beggarwood Surgery on Fridays and was responsible for infection control. The annual statement for 2016/17 had been dated as being reviewed on 28/5/16, with the next review due on 28/5/17.
- Information contained within the policy stated that the external cleaning company were responsible for carrying out monthly audits and supply a copy to the practice. We requested copies of these audits but these were not provided.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance, although these were not always evidenced to be acted upon in a timely or appropriate manner.

- The practice had implemented a system to monitor and address current and future risks including risks to patient safety.
- The practice had implemented processes to manage current and future performance. Performance of employed clinical staff was monitored through audit of their consultations, prescribing and referral decisions. An audit of Advance Nurse Practitioners and practice nurse consultations had been carried out on 9 November 2017. Actions had been identified following documentation of ten case studies, but there was no plan in place to show how improvements would be

made. For example, there was no process to ensure comprehensive information was documented when treating wounds, to assess whether it was effective or not.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to improve performance. However there was no track record to show that this was yet embedded.

Are services well-led?

Inadequate 

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

- Quality and sustainability were discussed in relevant meetings where all staff had access to information.
- The practice used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. However there was a shortfall in the amount of monitoring that had taken place to date.
- The practice used information technology systems to monitor and improve the quality of care. For example the implementation of dedicated incident reporting software.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support sustainable services.

- The practice had sought views from patients, staff and other agencies. ,
- The previously inactive patient participation group had just been started up again and had three current members. There had been one meeting and there was a further meeting planned for next year.
- The practice was making efforts to be transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a new focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning had started to be shared and used to make improvements.
- Leaders and managers were overseeing improvements in the practice, but these had only recently been introduced, with some staff only commencing employment in the last couple of weeks prior to inspection, and therefore were yet to be embedded.

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>How the regulation was not being met:</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>Systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not evidenced to be embedded. In particular:</p> <ul style="list-style-type: none">• Complaints were not being dealt with in a timely fashion.• Systems did not always ensure health reviews were always being carried out at appropriate intervals.• There were no formal systems for the communication with other care providers for patients with complex needs• Special patient notes were not used by the practice to enable information to be shared effectively with other health professionals, such as out of hours GPs and the emergency services, when needed• The policy stated that clinical meetings would have infection control as a standing agenda item, which was evidenced. However, there was no recorded discussion of any infection control issues or actions at these meetings there was no direct evidence that there had been an infection control audit for this practice.

Requirement notices

- The practice had electronic data loggers for the refrigerators, but temperature data had not been downloaded since February 2017 and staff said that they had not received training in how to use the data loggers.
- There were shortfalls in the provision of safe systems, for example Legionella risk assessment was not being adhered to in full.
- Some incidents were not being correctly identified as significant events and managed appropriately.
- Systems were not formalised to ensure that there was clinical and non clinical quality improvement in the practice.
- Not all patients had their health fully monitored to ensure medicines were being used safely and followed up on appropriately.
- Some staff were still unsure of the exact location of the emergency equipment in the practice

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