

Beeches Surgery

Inspection report

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Date of inspection visit: 19 June 2019
Date of publication: 15/08/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Beeches Surgery on 19 June 2019 as part of our inspection programme.

The practice was inspected on 13 January 2015 and was rated inadequate and placed in special measures. Concerns included not having appropriate arrangements in place for processing prescriptions, inadequate systems for the reduction of healthcare associated infection control processes, inadequate systems to safeguard patients from abuse and poor leadership structures. We inspected on 19 November 2015 and found improvements but also found two breaches of regulations concerning recruitment checks and managing risks. The practice was rated as requires improvement. When we inspected on 16 May 2017 we found no breaches and the practice was rated as good.

We decided to undertake an inspection of this service to check that the practice had sustained the improvements that were made between 2015 and 2017. This inspection looked at the following key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall and requires improvement for all population groups.

We rated the practice as requires improvement for providing safe services because:

- There were systems to ensure the safety in the practice, but they were not consistently effective. When things went wrong, action was taken, but the learning and action was poorly recorded.

We rated the practice as good for effective, and all of the population groups as good for effective, apart from people with long-term conditions. We rated the population group people with long-term conditions as requires improvement for effective because:

- Most patients received effective care and treatment that met their needs. However, patient outcomes for asthma and hypertension were significantly below average in 2017/18 and there was evidence that performance deteriorated further in 2018/19 (for asthma, hypertension and other long-term conditions). The practice told us of actions taken to improve, but it was too early to demonstrate that these were effective.

We rated the practice as requires improvement for providing responsive services because:

- Complaints were not all being managed in line with legislation, and there was no effective system to monitor compliance.
- Individual complaints were responded to and action taken to resolve individual issues but learning and action was not effectively documented.

These impacted all population groups and so we have rated all population groups as requires improvement for being responsive.

We rated the practice as requires improvement for providing well led services because:

- The practice had not taken effective action to improve areas of below average clinical performance in 2017/18. Performance in these indicators deteriorated further in 2018/19.
- There was no effective monitoring system for complaints to ensure that legislation was being followed. There was no effective monitoring of appointment availability.
- There was no effective system to document actions and learning from complaints or significant events. Meeting minutes were not effective as a record of the meeting for those who could not attend or as a reference.
- The system to ensure that governance documents were up-to-date was not consistently implemented.

The provider must:

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

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

The provider **should**:

- Monitor appointment availability.
- Improve the identification of carers to enable this group of patients to access the care and support they need.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	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 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, and a GP Specialist Advisor in training.

Background to Beeches Surgery

Beeches Surgery is based in Sutton, in the Carshalton district of Sutton Clinical Commissioning Group. The practice list size is approximately 5900. Whilst the practice population is diverse, patients are mainly from white British backgrounds.

The practice facilities include three consulting rooms, two treatment rooms, two patient waiting rooms, three administration offices and a staff room. The premises have wheelchair access and there are facilities for wheelchair users including an accessible toilet.

The staff team consists of two male GPs partners (one of whom is no longer in clinical practice), three salaried GPs (one female and two male), one female specialist nurse, one female practice nurse, a practice manager, six receptionists, a secretary and an administration assistant.

The practice is open between 8am and 7pm Monday, 7am to 7pm on Tuesday, 8am to 6.30pm on Wednesday, Thursday and Friday. There are different appointment

times on different days of the week, but GPs generally have appointments in the morning from 8.30am or 8.50am to 12.50pm (apart from Tuesday when appointments begin at 7.20am and Friday when the morning appointments end at 11am). In the afternoon, GPs generally have appointments from 3.30pm or 4pm to 6.15pm or 6.50pm (apart from Tuesday when afternoon appointments begin at 1.30pm and end at 6pm).

When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hours provider. This information is also in the practice leaflet and on the website.

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

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Tre	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: risks of fire and infection.
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 The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: outcomes for patients with long-term conditions. There was no effective monitoring system for complaints to ensure that legislation was being followed.