

# Beeches Surgery

## Inspection report

9 Hill Road  
Carshalton  
SM5 3RB  
Tel: 02086476608

Date of inspection visit: Site visit 3 August 2022,  
Offsite clinical review 12 August, Offsite interviews  
29 July – 12 August  
Date of publication: 19/12/2022

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

### Ratings

#### Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at Beeches Surgery in August 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - good

Caring - good

Responsive - good

Well-led - inadequate

The practice has been inspected on five previous occasions:

- January 2015 - rated inadequate overall 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.
- November 2015 - rated as requires improvement overall. We found improvements but also found two breaches of regulations concerning recruitment checks and managing risks.
- May 2017 we found no breaches and the practice was rated as good.
- June 2019 - rated as requires improvement overall. We found issues in relation to safety systems and processes, medicines management, management of significant events, outcomes for patients with long-term conditions, monitoring and seeking consent, complaints management and access to appointments.
- 30 September 2021 - rated as requires improvement overall. We found the provider had made some improvements in providing safe and well led services, but we found new issues in recruitment, medicines management and systems to manage safety, including systems to identify, manage and mitigate risks.

The full reports for previous inspections can be found by selecting the 'all reports' link for Beeches Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to breaches of regulation from a previous inspection. We inspected all of the key questions.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Receiving feedback from staff using questionnaires
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.

# Overall summary

- A short site visit.

## Our findings

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

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

We found that:

- Systems and processes put in place to manage risks were not being monitored to ensure they were working effectively. Some risks were not being well managed. Risks that were not being well managed in areas we had previously requested the provider to improve.
- These issues had not been identified and rectified by the provider's own systems and processes.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- There was mixed feedback about whether people were able to access care and treatment in a timely way.

We found breaches of two regulations. The provider **must**:

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

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

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

- Carry out a fuller assessment of whether changes made to levels of staff resource and support for non-clinical staff address the concerns raised.

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

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Beeches Surgery

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

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

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

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>At the inspection in September 2021 we found that there was no effective system in place to monitor individual prescribing, including the prescribing of a non-medical prescriber. This was included in a requirement notice. Findings at this inspection confirm the systems to monitor individual prescribing and non-medical prescribing remained ineffective.</p> <p>The provider had failed to ensure an effective system in place to monitor blank prescription stationery.</p> <p>The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. This breach was included in enforcement actions after inspections conducted in January 2015, November 2015, June 2019 and September 2021. We found issues with fire risk management at this inspection.</p> <p>The provider had not ensured effective assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Actions that had been taken to reduce the risk of Legionella were not effective and staff immunity records were not in line with guidance.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating 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:</p>

## Enforcement actions

There was no effective monitoring to ensure that actions taken on telephone access and appointment access had improved patient experience to the level that was intended.

The provider had systems or processes in place that operating ineffectively in that they failed to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

The provider had systems or processes in place that were operating ineffectively in that they failed to enable the provider to ensure that only persons of good character were employed.

There was additional evidence of poor governance. In particular: the information available to staff and patients about how complaints could be made and escalated was misleading.