

# Beeches Green Surgery

## Quality Report

Beeches Green Health Centre,  
Stroud,  
Gloucestershire  
GL5 4BH

Tel: 01453763980

Website: [www.beechesgreensurgery.co.uk](http://www.beechesgreensurgery.co.uk)

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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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beeches Green Surgery on 24 November 2016. The overall rating for the practice was requires improvement because breaches of regulation relating to the safe and well led provision of services were identified. The full comprehensive report on the 24 November 2016 inspection can be found by selecting the 'all reports' link for Beeches Green Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 24 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had ensured that identified risks relating to infection control and fire safety had been actioned and managed.
- All recommended training had been undertaken by staff.
- Policies had been reviewed and updated relating to chaperone duties.
- Learning from significant events were being shared to drive improvement in a timely manner.
- The practice had focussed on improved collaborative working with the patient participation group.

The area where the provider should improve:

- Review systems and processes to encourage carers to attend for an annual health check.

**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?

At the last comprehensive inspection on the 24 November 2016, we found the practice was not meeting legal requirements for providing safe services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

Specifically:

- We saw that incidents raised as significant events were now discussed regularly at practice meetings and learning and any changes to practice were clearly documented
- The infection control policy had been updated, the lead nurse had been appointed as the infection control lead. Actions from the infection control audit had been completed and the practice had improved oversight and monitoring of the cleaning team employed by NHS property services.
- Actions identified in the practice fire risk assessment had been addressed. There were still difficulties in ensuring that the landlords NHS property services fulfilled their responsibilities. To resolve this the practice had referred the situation to the fire and rescue services. The practice staff had undertaken fire drills.
- The practices chaperone policy had been updated and we saw evidence that this had been discussed at a practice meeting.

Good



### Are services well-led?

At the last comprehensive inspection on the 24 November 2016, we found the practice was not meeting legal requirements for providing safe services. Since our last inspection, the practice had made a number of improvements. Specifically we found:

- Governance and performance management was operating effectively in relation to infection control, fire safety and learning from significant events
- All recommended training had been undertaken by staff.
- The practice had worked with the clinical commissioning group to improve effective working with the patient participation group and plans were in place to take this forward.
- We saw that the practice had improved the identification of carers however there had been no improvement in the numbers of carers receiving a health review.

Good



# 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

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Beeches Green Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was led by a CQC Lead Inspector.

## Background to Beeches Green Surgery

Beeches Green Surgery is located near to the centre of Stroud, a market town in Gloucestershire and has good transport links. The practice has a slightly higher than average patient population in the above 40 years age group and lower than average in the under 40 years age group. The practice is part of the Gloucester Clinical Commissioning Group and has approximately 8500 patients. The area the practice serves is urban, semi-rural and rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low range for deprivation nationally and has a lower than average number of patients (0.5%) who are unemployed compared to the local average of 5%. The practice figures for those living with a long term condition is similar to both local and national averages.

The practice is managed by seven GP partners (three female and four male). The practice is supported by one salaried female GP, a nurse practitioner, one practice nurse, two health care assistants and an administrative team led by the practice manager. Beeches Green Surgery is a training practice providing placements for GP registrars and medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Morning appointments are available between 9am and 11am every morning and afternoon appointments 4pm - 6pm every afternoon. Extended hours appointments

are offered from 7.30am on Monday mornings and between 6.30pm and 7pm on Wednesday and Thursday evenings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for patients that needed them.

When the practice is closed patients are advised, via the practice website and telephone answer machine that all calls will be directed to the NHS 111 service. Out of hours services are provided by Care UK.

The practice has a General Medical Services (GMS) contract to deliver health care services.

Beeches Green Surgery is registered to provide services from the following location:

Beeches Green Health Centre, Stroud, Gloucestershire GL5 4BH

## Why we carried out this inspection

We undertook a comprehensive inspection of Beeches Green Surgery on 24 November 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. The full comprehensive report following the comprehensive inspection in November 2016 can be found by selecting the 'all reports' link for Beeches Green Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection on 20 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager, the deputy practice manager and the nursing manager.
- Reviewed a selection of practice policies and procedures

- Looked at minutes of practice meetings
- Reviewed risk assessments and actions completed by the practice.

We also reviewed evidence:

- Policies and risk assessments.
- Minutes of practice meetings.
- Fire safety procedures.
- Staff training logs.

# Are services safe?

## Our findings

At our previous inspection on 24 November 2016, we rated the practice as requires improvement for providing safe services as we found:

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example the processes relating to chaperone duties.
- Actions identified in the fire risk assessment had not been completed and regular fire drills and equipment checks had not been undertaken
- Areas identified as needing action in the infection control audit had not been addressed and staff had not received infection control training.
- Systems for reviewing significant events to ensure learning is shared to drive improvement in a timely manner.

These arrangements had significantly improved when we undertook a follow up inspection on 20 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- We saw that incidents raised as significant events were now discussed regularly at practice meetings and learning and any changes to practice were clearly documented. For example an error had been made when inputting blood test results onto a clinical template. It was recognised that the template was confusing and as result it was amended to minimise the risk of this happening again.

### Overview of safety systems and process

- The infection control lead from a local hospital had attended the practice to deliver Infection control

training for all staff. The practice's infection control policy had been updated to reflect any changes identified from the training. Since the previous inspection a nurse manager had been appointed and had been identified as the infection control lead for the practice. The updated policy documented processes for the safe disposal of clinical waste. We saw that an audit had been undertaken and actions completed. We reviewed evidence that demonstrated that regular meetings with the cleaners were taking place ensuring oversight by the practice.

- The practice chaperone policy detailed that only staff who had received a Disclosure and Barring Service (DBS) check could carry out chaperone duties. (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). We also saw that this had been discussed and minuted at a practice meeting.

### Monitoring risks to patients

- Following the previous inspection the landlord had committed to testing fire alarms bi monthly. However we saw that this had not taken place for three months. The practice had recognised the challenges in relying on the landlord, of the building, NHS property services, to fulfil their responsibilities regarding testing of fire alarms and we saw that as a result the practice had referred the situation to Gloucester fire and rescue services. The practice had conducted two fire drills and we saw that these had been scheduled six monthly going forward. We saw that actions in the fire risk assessment which were within the power of the practice to undertake had been completed. Those which the practice were unable to complete, for example testing of fire safety equipment, had been identified by Gloucester fire and rescue services and followed up by them with the landlord.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 24 November 2017, we rated the practice as requires improvement for providing well-led services as the arrangements for governance and performance management did not always operate effectively in relation to:

- Infection control, fire safety and chaperone duties.
- Not all staff had received recommended training. For example, infection control and mental capacity training.
- Learning from significant events were not shared in a timely manner to drive improvement.
- Only five of the identified 76 carers on their patient list, had received a health check in the last 12 months.
- The practice had recognised that the relationship between the practice and the patient participation group (PPG) could be more effective.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 20 June 2017. The practice is now rated as good for being well-led.

### Governance arrangements

- Governance arrangements for infection control, fire safety and chaperone duties had all improved. Policies had been updated and changes had been communicated to all staff at staff meetings. Areas identified for action had been completed.

- Learning from significant events was shared in a timely manner to drive improvement.
- The practice had increased the number of identified carers on their patient list to 87; however we saw that the numbers of those receiving health checks, to ensure their health needs were being met, had not increased as only five had received a health check, in the last 12 months. Carers were now being invited according to their birth month but this had not led to an improvement in uptake. This was raised with the practice on the day of the inspection.
- All recommended training had been undertaken by staff including, infection control and mental capacity act training. Additionally all members of staff had the appropriate level of safeguarding training.

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

- A GP had met with the clinical commissioning group Patient Participation Group (PPG) representative, to explore and discuss ways of improving the effectiveness of collaborative working with the practice PPG group. Following this the practice had decided to invite additional members with specific expertise relating to the new surgery build and this had been sought via posters in the waiting room and details added to the website.