

Beacon Medical Practice

Inspection report

Churchill Avenue
Skegness
PE25 2RN
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Date of inspection visit: 22 October 2020
Date of publication: 04/02/2021

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?

Good



Are services effective?

Good



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Beacon Medical Practice on 22 October 2020.

At our previous inspection on 22 November 2019, we rated it as inadequate in safe, effective, responsive and well led. It was rated as requires improvement in caring. It was rated as inadequate overall and placed in Special Measures.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of high-risk medicines.

We rated the practice as **inadequate** for providing effective services because:

- Patients with some long-term conditions were not having their healthcare needs met.
- Cervical cancer screening uptake was below target.
- The practice had high numbers of patients who attended A&E services and high numbers of unplanned admissions to secondary care. The provider had not taken any action to address these issues.

We rated the practice as **inadequate** for providing responsive services because;

- Patients reported that they found it difficult to access the service by telephone and were dissatisfied with their experience.
- Our own analysis of appointment availability supported the premise that there were insufficient numbers of clinical appointments available.
- The provider had not taken any action to address the shortfall and had reduced the number of GP appointments available.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a vision, that vision was not supported by a credible strategy.
- The practice culture did not support high quality sustainable care.
- The clinical and administrative governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups, so we rated all population groups as **inadequate**.

We rated the practice as **requires improvement** for caring because:

- Feedback from patients on NHS Choices, the CCG listening clinic and GP Patient Survey showed dissatisfaction.

As a result of the inspection team's findings from the inspection in November 2019, the Commission imposed a condition on the provider's registration, that no new patients other than new born babies of current patients and looked after children were to be registered at the practice. The practice was placed into Special Measures.

We undertook a further inspection of this service on 22 October 2020 to see if enough improvements had been made for the practice to come out of Special Measures. We found that many of the issues had been addressed and the practice had made significant improvements.

Overall summary

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.

The key questions safe and effective led are now rated as good. The key questions caring, and well-led are now rated as requires improvement. The key question of responsive remains inadequate. The practice is rated as requires improvement overall and remains in Special Measures.

We rated all the population groups as inadequate as the issues relating to access to services affected all population groups.

The practice **must**;

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

If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take 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 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 a further six months, and if there is not enough improvement, we will move to close the service.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. Due to the need to reduce the amount of time spent on site at inspections as a result of the Covid-19 pandemic, we asked the practice to send data and information to the lead inspector to review prior to the site visit taking place. We also conducted searches of the practice clinical system remotely to further lessen the time spent on site.

The team that conducted the on-site visit comprised a CQC inspector and a GP specialist advisor.

Background to Beacon Medical Practice

Beacon Medical Practice is a GP practice which provides a range of primary medical services to 21,094 patients in Skegness and neighbouring villages. The practice has one location registered with the Care Quality Commission (CQC). This is at Churchill Avenue, Skegness, Lincolnshire. PE25 2RN. There are branch surgeries at Beacon Medical Practice Ancaster Avenue, Chapel St Leonards, PE24 5SL and Beacon Medical Practice Ingoldmells, Skegness Road, Ingoldmells, Lincolnshire, PE25 1JL. We visited the Skegness premises during our inspection.

The practice list size had reduced from 22,068 at our previous inspection in November 2019

The provider of services is registered with the Care Quality Commission as Beacon Medical Practice which is partnership.

The provider is registered to provide the regulated activities of;

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

The practice website is www.beaconmedicalpractice.com

Services are commissioned by NHS Lincolnshire Clinical Commissioning Group (CCG).

The service is provided by five GP partners, three salaried GPs, a clinical pharmacist, four nurse practitioners, two emergency care practitioners, four practice nurses, four health care assistants, a dispensary team leader and dispensers. They are supported by a practice manager and a team of reception and administration staff.

We reviewed information from NHS Lincolnshire clinical commissioning group (CCG) and Public Health England which showed that the practice population is affected by higher deprivation levels than the average for practices within the CCG and the average for practices in England.

Under normal circumstances there are a high number of temporary residents who use the services of the practice, particularly between April and September. The number varies year on year but is typically between 6 and 10,000 patient registrations per annum. However due to the restrictions brought about by the Covid-19 pandemic, visitor numbers to the area had been much reduced and there had been a significant decrease in list size as a result of the registration condition imposed upon the practice following the inspection in November 2019.

The practice was able to offer dispensing services to those patients who lived more than one mile (1.6km) from their nearest pharmacy. There are dispensaries located at the branch surgeries at Chapel St Leonards and Ingoldmells.

The practice has a higher than average number of older people as patients with 28.8% being aged 65 or over. This compares to the national average of 17.4% There are fewer younger people aged 18 and under registered with the practice, 16.4% compared to the national average of 20.6%.

The number of patients with a long-term health condition, 67.4%, is higher than national average of 56.2%

Life expectancy for both males (76 years) and females (80 years) is below the national average of 79 and 83 years respectively.

The practice lies within the first decile of deprivation, where one is the most deprived and ten the least deprived.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust which can be accessed through NHS111.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 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 seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular the provider had failed to take sufficient steps to address the deficiencies in the telephone system and had not taken action to mitigate patient dissatisfaction concerning contacting the practice by telephone.