

# Beccles Medical Centre

## Inspection 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 location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services well-led?		Good	

# Overall summary

We carried out an announced focused inspection at Beccles Medical Centre on 1 March 2022.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Norfolk and Waveney. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

During this inspection we also considered the management of access to appointments.

The practice was previously inspected in January 2019 when it was rated Good overall and Requires Improvement for providing Safe services. This inspection was followed up in December 2019, when we inspected only the key question Safe and, on this occasion, we rated it as Good.

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

We have rated this practice **Good** overall

Safe - Good

Effective - Good

Well-led - Good

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- 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

# Overall summary

- information from the provider, patients, the public and other organisations.

## We have rated this practice as Good overall

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Safeguarding was a standard item on the agenda of the monthly clinical meeting.
- The practice had developed a process on their computer system where staff were able to raise any concerns. This was monitored by the safeguarding deputy lead.
- We saw evidence of a number of safeguarding courses delivered to staff by the safeguarding lead.
- The infection prevention control (IPC) lead had remained updated with the Covid-19 guidance from NHS England infection throughout the pandemic.
- Emergency, and anaphylactic shock medicine was stored securely, and the expiry dates and stock levels were documented monthly along with the oxygen, and defibrillator. There was appropriate signage for this equipment.
- All significant events were discussed at clinical meetings and the learning shared via smaller team meetings.
- Although the practice did have a system in place to record and act on safety alerts, we identified one alert which had been issued in the past which had not been acted on.
- Whilst overall, we found that medicine reviews were being carried out adequately, we found that there were some concerns.
- Patients received effective care and treatment that met their needs.
- The practice used standard software templates to ensure patient care and treatment was coded to provide consistent standards of care.
- The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.
- We saw evidence that clinicians took part in multi-disciplinary team, (MDT) meetings to discuss patient care.
- The practice used their website and social media accounts to provide information to patients about various health initiatives.
- The practice used the Daffodil Standards for General Practice which is an evidence-based framework to help staff self-assess and offer the best end of life and bereavement care for patients
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had introduced assistive technology to support those patients attending the practice who had a hearing or sight impairment.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- During the COVID-19 pandemic, face to face appointments continued to be offered following triage by a clinician.
- At the time of inspection, the practice was fully open and offered a range of appointment types to patients.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice had put in place daily duty operational managers and duty clinicians who were able to respond to any concerns identified by staff or patients.
- Leaders actively promoted the well-being of staff
- There had been a re-structure of roles and responsibilities at the practice just before the start of the COVID 19 pandemic. Staff were clear what was expected of them in their new roles.
- There was a strong focus on learning and development, with the practice having its own training facility.

At the **previous inspection** in December 2019, we identified that the practice should continue to monitor and improve patient satisfaction with accessing the practice via the telephone.

# Overall summary

At **this inspection**, we found that this concern had been addressed with the installation of a new telephone system and additional staff.

Whilst we found no breaches of regulations during this inspection, the provider **should**:

- Review and monitor the process for acting on safety alerts, to minimise the risk of any patients missing a medicines review.
- Review and monitor the procedures for medicines management, to minimise the risk of any patients not receiving the required monitoring required for the medicines they are prescribed.
- Continue to improve patient satisfaction in relation to the ease in which patients are able to contact the practice by phone.

**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

## 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 Beccles Medical Centre

Beccles Medical Centre is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Norfolk and Waveney Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS), to a patient population of about 19,600. This is part of a contract held with NHS England.

The practice is made up of three separate buildings on a campus: the surgery that patients accessed, a hub for business and administration and a dedicated training facility.

The practice is part of the South Waveney Primary Care Network, (PCN), made up of five GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth lowest decile (six of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98% White, with the remainder being Asian or Mixed.

The age distribution of the practice is predominantly older patients.

### **The clinical team at the practice comprises:**

A Clinical Lead

Five GP partners including one with a lead on paediatrics and one clinical pharmacist

Nine GPs

Three advanced clinical practitioners

Six clinical practitioners

Three supervised practitioners

Four clinical pharmacists (in addition to the GP partner clinical pharmacist)

Six nurses

One Physician Associate

One paramedic

Two healthcare assistants

### **The operations team at the practice comprises:**

One operational lead

One operations manager

One care-co-ordination manager

One IT and communications manager

The above management team was supported by a quality improvement team, a service development manager, a business administrator and teams of administration, reception and secretarial staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, GP appointments were a mixture of telephone consultations and face to face appointments.

Between 6.30 pm and 8am Monday to Friday, all day at weekends and on Bank Holidays calls are redirected to the NHS 111 service.