

Don Hezseltine

Beacon Medical Services

Inspection report

3 Heather Court
Shaw Wood Way
Doncaster
DN2 5YL

Tel:

Website: www.beaconmedical.co.uk

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Overall summary

We carried out an announced comprehensive inspection at Beacon Medical Services on 11 October 2017. The full comprehensive report from this inspection can be found by selecting the 'all reports' link for Beacon Medical Services on our website at www.cqc.org.uk.

Our key findings were:

Are services safe?

We found that this service was now providing safe care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was an announced focused inspection carried out on 13 April 2018 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection 11 October 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Beacon Medical Services is an independent provider of GP services and offers a range of services to patients to both adults and children. The practice has a patient population of 500 patients. The practice offers general medical services for their population and is based on the outskirts of Doncaster town centre.

The provider, Don Hezseltine, is registered with the Care Quality Commission to provide services at Beacon Medical Services, 3 Heather Court, Shaw Wood Way, Doncaster, DN2 5YL.

The property is rented by the provider and consists of a patient waiting room, an administration office and a consulting room in a single storey building. There are car parking spaces outside the practice for patients, including a disabled parking space.

The practice holds a list of registered patients who reside in England who require services.

The practice is open from 8am until 6pm Monday to Friday. An out-of-hour's service is provided at the request of the patient and accessed via the dedicated telephone number.

Our key findings were:

- The service had reviewed the systems and processes to minimise risks to patient safety. For example, an infection prevention and control audit had been completed and actions taken in accord with the findings.
- Staff had undertaken infection prevention and control and safeguarding updates and chaperone training was planned.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the service had been reviewed to minimise risks to patient safety.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had reviewed the systems and processes to minimise risks to patient safety. For example, an infection prevention and control audit had been completed and actions taken in accord with the findings.
- Staff had undertaken infection prevention and control and safeguarding updates and chaperone training was planned.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the service had been reviewed to minimise risks to patient safety.

Are services safe?

Our findings

At our previous inspection on 11 October 2017 we found that this service was not providing safe care in accordance with the relevant regulations as the arrangements in respect of medicines management and infection control required review.

These arrangements had significantly improved when we undertook a follow up inspection on 11 April 2018.

Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse. Training needs for staff had been reviewed and all staff had now received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

The chaperone procedure had been reviewed and notices and leaflets explaining the process were now available in the surgery. Training had been booked for staff who acted as chaperones.

The system to manage infection prevention and control had been reviewed. An infection prevention and control

audit had been completed in November 2017 and actions for improvement identified. Some actions had been completed and others were scheduled. For example, to replace the flooring in the office area. Staff had completed infection prevention and control training updates.

A legionella risk assessment had been completed and appropriate actions taken in accord with the findings.

Safe and appropriate use of medicines

The service had reviewed the systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment now minimised risks. Stock lists of medicines were kept and checked weekly. A stock of water for injections and atropine was now kept to administer if patients experienced a low heart rate whilst having a procedure performed.
- Arrangements for the management of the cold chain had been updated to using a second thermometer for the fridge and recording the temperatures daily. All medicines checked were stored appropriately and in date.