

# Beacon View Medical Centre

## Inspection report

Beacon Lough Road  
Gateshead  
Tyne and Wear  
NE9 6YS

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[www.beaconviewmedicalcentre.co.uk](http://www.beaconviewmedicalcentre.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

### Overall rating for this location

Good



Are services safe?

Good



# Overall summary

We carried out an announced comprehensive inspection at Beacon View Medical Centre on 11 December 2017. The overall rating for the practice was good but the practice was rated as requires improvement for the safe domain. The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Beacon View Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 9 August 2018. This was 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 11 December 2017. 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. It is also rated as good for all domains, including the safe domain.

Our key findings were as follows:

- The provider had taken steps to address all of the concerns we identified during our previous inspection.
- The practice had systems in place to manage risk so that safety incidents were less likely to happen. A supply of oxygen was now available on-site.
- Clinical staff had undertaken Disclosure and Barring Service (DBS) checks. A policy and risk assessment had been developed to cover non-clinical staff who had not undertaken DBS checks.
- Improved arrangements were in place to ensure there was routine clinical oversight of secondary care related patient communications
- Non-clinical staff were in the process of receiving training to help them recognise patients requiring urgent care and treatment. For example, those displaying the signs of sepsis.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

## Our inspection team

Our inspection team consisted of a CQC inspector

## Background to Beacon View Medical Centre

Beacon View Medical Centre provides care and treatment to approximately 4,761 patients of all ages who live within five miles (eight kilometres) of the surgery. The practice is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a General

Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Beacon View Medical Centre

Beacon Lough Road

Gateshead

NE9 6YS

The surgery is located in an ex-residential nursing home which it shares with a pharmacy. All reception and consultation rooms are fully accessible for patients with mobility issues. An on-site car park is available and off-street parking is also available nearby.

The surgery is open from 8.30am to 6pm on a Monday, Tuesday, Thursday and Friday and from 8.30am to 8pm on a Wednesday. Consultations were available as follows:

- Monday – 9am to 11am and 2.30pm to 5.20pm
- Tuesday and Thursday – 9am to 11am and 3.30pm to 5.20pm
- Wednesday – 9am to 11am and 3.30pm to 7.30pm
- Friday – 9am to 11am and 2.10pm to 5.20pm

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and the Gateshead Doctors on Call service known locally as GatDoc.

Beacon View Medical Centre offers a range of services and clinic appointments including long term condition reviews, contraceptive services, childhood health

surveillance and immunisation services and maternity services. The surgery also hosts regular sessions delivered by mental health, physiotherapy and chiropody practitioners.

The practice consists of:

- Two GP partners (one male and one female)
- Two practice nurses (both female)
- Two healthcare assistants (female)
- Six non-clinical members of staff including a practice manager, assistant practice manager/secretary and administration assistants.

The practice is a teaching and training practice and involved in the training of qualified doctors wishing to pursue a career in general practice as well as the teaching of undergraduate medical students learning about GP practice.

The average life expectancy for the male practice population is 77 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83).

At 44.9%, the percentage of the practice population reported as having a long-standing health condition was lower than the CCG average of 55.2% and national average of 53.2%. Generally, a higher percentage of patients with a long-standing health condition can lead to an increased

demand for GP services.

At 59.1% the percentage of the practice population recorded as being in paid work or full-time education was comparable with the CCG average of 59.8% and national average of 62.5%. The practice area is in the third most deprived decile. Deprivation levels affecting children were lower than the local average but higher than the national average. Deprivation levels affecting adults were higher than both the CCG and national averages.

# Are services safe?

At our previous inspection on 11 December 2017 we rated the practice as requires improvement for providing safe services. This was because:

- Disclosure and barring service (DBS) checks had not been undertaken for non-clinical staff. There was no risk assessment in place detailing why this was not considered to be necessary
- The practice did not have supply of oxygen for use during medical emergencies
- Non-clinical staff had not received training to help them recognise and prioritise patients with possible signs of sepsis
- There was no routine clinical oversight or monitoring of secondary care patient related communications to ensure all relevant action and medicine changes had been actioned. A significant event in relation to this in November 2016 had not resulted in a change in process.

When we carried out this follow up inspection on 9 August 2018 we found that action had been taken to address these concerns. The practice is now rated as good for providing safe services.

## Safety systems and processes

Disclosure and Barring Service checks were undertaken for all non-clinical staff (DBS checks identify whether a person has a criminal record or is an official list of people barred from working in roles where they may have contact with vulnerable children or adults). The practice had updated their DBS check policy in December 2017 to include a risk assessment. This stated that non-clinical staff were not

required to have a DBS check as their roles meant that they would not have direct, one to one contact with vulnerable adults or children and would not perform chaperone duties.

## Risks to patients

Since our previous inspection in December 2017 the practice had purchased a supply of oxygen for use during medical emergencies. A protocol had been developed to govern the safe handling, use and transportation of oxygen within the practice. The practice nurse had been identified as the lead for checking and replacing the oxygen and a process was in place to ensure levels were checked after use.

Clinicians knew how to identify and manage patients with severe infections, including sepsis. Non-clinical staff were in the process of receiving online training to help them recognise the signs of sepsis and a schedule was in place to ensure this was completed soon. An additional sepsis training session with the local clinical commissioning group was planned for September 2018.

A system was now in place to ensure there was regular clinical oversight of hospital discharge information and other secondary care patient communications, including changes to, or implementation of medication. One of the practice GPs reviewed a random selection of a days secondary care communications on a monthly basis to ensure appropriate action had been taken. Since February 2018 the GPs had reviewed 134 communications and had found that all had been actioned appropriately. This included ensuring medication changes had been reviewed by the practice pharmacist and patient records updated accordingly.