The Beeches Medical Centre

Inspection report

Liverpool Road
Longton
Preston
PR4 5AB
Tel: 01772214620

Date of inspection visit: 01 June 2022
Date of publication: 20/10/2022

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?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at The Beeches Medical Centre on 1 June 2022. Overall, the practice is rated as Requires Improvement.

We rated each key question as follows:

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Following our previous inspection on 20 April 2018, the practice was rated Good overall and for all key questions. However, this was a previous registration and the service inherited the rating when it changed hands.

Following this inspection, we issued a warning notice for a breach of regulation 12. However, subsequent additional evidence was supplied by the service which they could demonstrate was in place at the time of inspection. Therefore the warning notice had been met at the time of publishing this report.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Beeches Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to provide a rating of the service which was registered on 3 October 2019.

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 and face to face
- Requesting written feedback from staff and patients
- 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

Overall summary

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

We have rated this practice as Requires Improvement overall.

We rated the practice requires improvement for providing safe services:

We found that:

- Our clinical record searches identified that the practice did not always have oversight of the monitoring of high risk medicines and disease modifying anti-rheumatic drugs (DMARDs). We saw that monitoring was in place in the majority of cases, however we did observe some omissions that were not mitigated and identified some monitoring of creatine clearance had not been undertaken. It was not always evident that blood test results had been checked before medicines were issued.
- The practice did not have an effective system to identify overprescribing of respiratory inhalers in a timely way.
- There were some shortfalls in the recruitment procedures and records.
- Assurance of training in infection prevention and control procedures and outcome from audits could be improved.

We rated the practice requires improvement for providing well-led services:

We found that:

- Improvements were required to the significant event process to facilitate the inclusion of all relevant incidents, with clear outcomes, actions and shared learning.
- Governance systems and oversight of practice management documentation was not evident in some areas, such as the management of practice policies and employment records.
- An effective comprehensive quality monitoring and improvement programme was not in place.

We rated the practice good for providing effective, caring and responsive services:

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Access to appointments was good. Pre-booked and urgent appointments were available and there was a system in place to prioritise those in greater need. Face to face and telephone appointments were available and patient were usually offered an appointment on the day or the following day in the vast majority of cases.
- The service was responsive to the need of the population it serviced.

We found two breach of regulations. The provider **must**:

Overall summary

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector with a supporting 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 The Beeches Medical Centre

The Beeches Medical Centre is located in Longton, Preston at:

Liverpool Road,

Longton

Preston

PR4 5AB

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury, surgical procedures and family planning.

The practice is situated within the NHS Chorley and South Ribble Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 2050. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called the South Ribble Medical Group primary care network (PCN) with six other local practices.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 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, 1% Asian and 1% Other.

The age distribution of the practice population is 0-18 Years 14%, 18-64 Years 58% and 65 years and over 28%.

There is a team of one GP at the practice, the practice usually has a practice nurse who provides nurse led clinics for long-term conditions reviews. At the time of this inspection a new practice nurse had been recruited but had not commenced employment at the service. The GP was supported at the practice by a team of three reception/ administration staff and a practice manager who provided managerial oversight.

The practice is open between 8.00am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided on Tuesday and Thursday evening from 6.30pm to 7.00pm by the GP and there is also extended access to appointments available Monday to Friday from 6.30pm to 8.00pm through a local arrangement with a neighbouring practice. Weekend access is provided the last Saturday of each month from 9.00am to 12.00pm by the GP. Out of hours services are provided by NHS 111 and through an arrangement with an out of hours provider.

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: A comprehensive quality assurance and improvement framework was not in place to enable the service to monitor their performance in order to drive improvement. Ad hoc audits that were undertaken were incomplete, in that action plans were not recorded, nor were completed actions or outcomes. There was a lack of assurance that the issue had been concluded. There was no annual audit plan in place. A systematic cycle of reviewing and updating policies was not yet in place. The recruitment policy's content did not reflect the requirements of regulation. Oversight of one staff member was evident which indicated systems to monitor staff training development and competence were not established. Minutes of meetings for example the clinical governance meeting did not always specify the person responsible for ownership of the issue, nor dates for review of completion. Completed actions were not always documented as closed. There was a lack of assurance that the issue had been concluded. Checks on workflow management were informal and undocumented.

This section is primarily information for the provider

Requirement notices

The incident reporting system was not always utilised in a way that ensured all incidents where learning could be derived were included and analysed.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to provide care and treatment in a safe way for service users. In particular: • The processes in place around high risk medicines and disease modifying anti-rheumatic drugs (DMARDs) did not provide oversight monitoring and repeat prescriptions were being authorised without first checking that monitoring had been done and the prescription was appropriate. We also found some monitoring was overdue and the calculation of creatine clearance had not been completed for some high risk medicines. • There was a lack of oversight around repeat medications that could be overused. • The incident reporting systems was ineffective. We found a recent example of an incident that had not been used to enhance learning within the practice. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.