

Beacon Medical Practice

Quality Report

Beacon Medical Practice
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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 service

Good 

Are services safe?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Beacon Medical Practice on 15 July 2015. Overall the practice is rated as good. Specifically, we found the practice to be good for providing safe, responsive and well-led services.

We had previously inspected this practice on 6 October 2014 when we found that the practice required improvement in providing safe, responsive and well led services.

Our key findings across the areas we inspected were as follows:

- The practice had implemented a system to ensure that incoming mail was dealt with in an appropriate manner to help ensure patients were safe.

- There was evidence that learning from significant events and complaints was communicated to staff to support improvement.
- The practice had reviewed the infection prevention and control policy which now included the need for repair or replacement of equipment to support effective infection control.
- There was a clear management structure with GPs in designated lead roles.
- A programme of continuous cycle audit was used to monitor quality and to make improvements.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Lessons learned from serious events were communicated widely to support improvement. The process for dealing with incoming clinical mail was clear and unambiguous and supported by protocols. Regular audit was undertaken to ensure that staff were dealing with mail in an appropriate manner. Patients were protected by effective infection and control systems.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Lessons learned for complaints was communicated to staff.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

A programme of continuous internal audit was used to monitor quality and to make improvements. A clear governance structure was in place with GPs taking lead roles.

The practice had a structured cycle of meetings for staff and partners.

Good



Summary of findings

What people who use the service say

We spoke with nine patients who used the service. One of whom was a temporary resident. All gave positive feedback on the quality of the care and treatment they received although some expressed their frustration about the time it took to get an appointment with a GP.

Beacon Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP, a GP practice manager, two additional CQC inspectors and an Expert by Experience. An Expert by Experience is a person who has had experience of using this type of service and helped us to capture the views and experiences of patients.

Background to Beacon Medical Practice

Beacon Medical Practice is a GP practice which provides a range of primary medical services to around 23,000 patients from a main surgery in Skegness and branch surgeries in Ingoldmells and Chapel-St-Leonards on the east coast of Lincolnshire. Their services are commissioned by Lincolnshire East Clinical Commissioning Group (CCG). The service is provided by nine GP partners, two salaried GPs, six nurse practitioners, seven practice nurses, five health care assistants, a practice pharmacist, two dispensary team leaders and seven dispensers. They are supported by a practice manager, an operations manager, a data manager and a team of reception and administration staff.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC). This is at Churchill Avenue, Skegness, Lincolnshire. PE25 2RN. We also visited the two

branch surgeries which were Beacon Medical Practice , Ancaster Avenue, Chapel St Leonards, Lincolnshire. PE24 5SL and Beacon Medical Practice , Skegness Road, Ingoldmells, Lincolnshire PE25 1JL.

The main surgery is in a modern two storey building with a large car park which includes car parking space designated for use by people with a disability near the surgery entrance.

The Ingoldmells branch surgery is a modern purpose built single storey building. The Chapel St Leonards branch surgery is located over two floors, is of an older design and has limited facilities.

We reviewed information from Lincolnshire East 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. The practice serves an area with a large number of holiday makers and temporary residents. At any one time the practice has between four and six thousand temporary residents on its list.

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.

Why we carried out this inspection

We carried out a focused inspection of this service on 15 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the

Detailed findings

legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We had previously inspected this practice on 6 October 2014. On that occasion we conducted a comprehensive inspection and overall we rated the practice as 'Requires Improvement'. Specifically we had concerns about infection prevention and control, the process for dealing with incoming clinical mail and how the practice learnt from incidents and complaints. We judged that the practice required improvement in providing safe,

responsive and well-led services. It was rated as 'Good' for providing responsive and caring services. The practice sent us an action plan which set out how they would deal with our concerns.

How we carried out this inspection

We carried out an announced visit on 15 July 2015. During our visit we spoke with GPs, nurses, the practice manager, administration staff and receptionists. We spoke with patients who used the service. We observed the interactions between patients and staff, and talked with carers and family members.

Are services safe?

Our findings

At our previous inspection of this practice in October 2014 we had concerns that;

- There was no evidence that learning from significant events was communicated widely enough to staff to support improvement.
- The process for dealing with incoming communications from secondary care did not include a system to audit the quality of data and appropriateness of non-clinical staff having responsibility for assessing incoming clinical information.
- The infection prevention and control policy had not been reviewed and did not include the repair and replacement of equipment.

We required the practice to address these issues.

At this inspection we found that;

- The practice had reviewed the infection prevention and control policy which now included the need for repair or replacement of equipment to support effective infection control. There was a lead GP for infection prevention and control.

- We spoke with the IT and Data Quality Manager who explained the process for dealing with all incoming mail. The practice had a written protocol for dealing with, for example, patient discharge documents and accident and emergency department letters. Both instructed staff on the process for dealing with such incoming mail. We saw that the practice had carried out an audit of a random sample of 80 pieces of incoming mail that had been dealt with and not sent to a GP. Three had been deemed to be inappropriate, but none had been major nor had posed a risk to patient safety. Similar audits were planned on a six monthly rolling cycle.
- A Governance Board was fully functional and met twice a month. The board consists of three GP partners, the pharmacist and a Data Quality/IT Manager and looked at all significant events. We saw that their findings were shared in a staff newsletter in June 2015. One member of staff that we spoke with told us that a number of serious events had been discussed at a practice meeting a few weeks prior to our inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection of this practice in October 2014 we had concerns that;

- There was no system in place to ensure that learning from complaints received was cascaded to staff.

.At this inspection we found that;

- The provider had put in place a system to ensure that learning from complaints was disseminated and cascaded to relevant staff. We saw a copy of the 'Learning Lessons Update' for the period April to June 2015 that was communicated to staff. The document included details of the complaint and the lessons learnt as a result.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection of this practice in October 2014 we had concerns that;

- The governance structure and how risks were identified and decisions made was unclear
- It was clear from discussions with staff during the day that lead roles had been assigned, however there was no formal system in place to manage this. This carried the risk of causing some confusion, for example staff didn't all know who the lead was for infection control or safeguarding.

At this inspection we found that;

- A programme of continuous cycle audit was used to monitor quality and to make improvements. A

Governance Board had been formed with overarching responsibility for managing risk, quality and performance. The board met every two weeks and took responsibility for example over complaints and significant events.

- Lead roles for GPs, for example safeguarding and infection prevention and control had been formalised and were displayed as a reminder staff.
- The practice had a structured cycle of meetings for staff and partners. For example we saw that strategy meetings were held quarterly, and others were held monthly or every two weeks. Details of forthcoming meetings for dispensary and nurses were clearly displayed on the notice board in the staff room.