

The Beaches 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

A comprehensive inspection was carried out on 31 May 2017. The practice was rated as inadequate overall, and inadequate for providing safe, responsive and well led services and requires improvement for providing effective and caring services. As a result of the findings, the practice was issued with a warning notice on 28 July 2017 for regulation 17 (good governance). The practice was placed into special measures for six months. A focused inspection was carried out on 18 October 2017 to check on improvements made in response to the warning notice issued on 28 July 2017.

We carried out an announced comprehensive inspection on 29 January 2018 in line with the regulatory schedule for providers in special measures. The practice was rated as requires improvement for effective, responsive and well led services and was taken out of special measures.

We carried out an announced comprehensive inspection on 6 March 2019 to follow up on breaches of regulation identified at our inspection on 29 January 2018. The practice was rated as inadequate overall, and inadequate for providing safe, responsive and well led services, good for providing effective services with requires improvement for the population group people whose circumstances may make them vulnerable and requires improvement for providing caring services. As a result of the findings, the practice was issued with a warning notice on 1 April 2019 for regulation 17 (good governance) and a requirement notice for regulation 19 (fit and proper persons employed). The practice was placed into special measures for six months.

The full inspection reports on the May 2017, July 2017, January 2018 and March 2019 inspections can be found by selecting the 'all reports' link for The Beaches Medical Centre on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at The Beaches Medical Centre on 22 October 2019 to check that improvements identified at the March 2019 inspection had been made and to re-rate the practice.

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, and requires improvement for all population groups, except for people experiencing poor mental health (including people with dementia) which we rated as inadequate.

We rated the practice as **requires improvement** for providing safe services because:

- One of the nursing staff had lapsed with indemnity cover and had treated patients without insurance for a period of several months. There was no system or process in place to risk assess whether this was appropriate or to safeguard patients. Although indemnity cover had subsequently been backdated, the process for checking indemnity cover arrangements needed to be embedded.
- Training deemed mandatory by the practice was not completed by all staff and safeguarding children training was not completed to the appropriate level across the team. Some staff completed training following the inspection, however the process for monitoring the timely completion of training needed to be embedded.
- The practice had undertaken Fire Risk Assessment activity. However, the provider could not evidence that all identified actions had been completed. We saw that a Legionella Risk assessment was overdue for review.

We rated the practice as **requires improvement** for providing effective services in line with our ratings aggregation principles because we rated the population groups people with long term conditions and working age people as requires improvement and people experiencing poor mental health as inadequate because:

- 2018/2019 Quality and outcomes framework (QOF) data showed that for patients with chronic obstructive pulmonary disease (COPD), although exception reporting had stayed the same, achievement in patient outcomes had reduced.
- We rated working age people as requires improvement because the percentage of patients with a new diagnosis of cancer who had a review within six months, was below the Clinical Commissioning Group (CCG) and national averages.
- 2018/2019 QOF data showed that for patients with mental health issues, although exception reporting had reduced, achievement had significantly reduced.

Overall summary

We rated the practice as **requires improvement** for providing responsive services because:

- Patients did not find it easy to make an appointment and 2019 national GP survey results had lower than local and national average results for access to services. The changes to the telephone system implemented in August 2019, needed time to embed before any significant impact could be demonstrated.

These areas affected all population groups, so responsive is rated as requires improvement.

We rated the practice as **inadequate** for providing well-led services because:

- The practice culture and governance arrangements did not effectively support high quality sustainable care; they did not have any identified values and staff felt under pressure due to staff sickness and uncertainty of the future. Arrangements had been agreed for additional support, development and sustainability for the practice and partners.
- Improvements were needed to ensure effective processes for managing risks, issues and performance were embedded. This included improvements to the Quality and Outcomes Framework data, completion of training deemed mandatory, embedding the process for checking indemnity cover of clinicians and the oversight of safety systems, including the timely completion of risk assessments and the consideration and completion of recommendations from risk assessments.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We saw one example of **outstanding** practice:

- A photo of the clinician undertaking the learning disability health review was sent to the patients' home before the appointment, to give patients and their staff time to prepare for the review.

The areas where the provider **must** make improvements are:

- Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue work to improve the uptake of childhood immunisations.
- Continue to monitor and improve the uptake of cervical screening for eligible women.
- Continue work to improve the uptake of health reviews for patients with a learning disability and also reviews for patients newly diagnosed with cancer.
- Continue work to improve outcomes for people with Chronic lung disease and people experiencing mental illness and dementia.
- Continue with the planned programme of quality improvement activity.
- Establish a system so patients who have unplanned admissions and readmissions are reviewed and appropriate action taken.
- Consider ways to improve the system for completing non-urgent actions from patient correspondence.

This practice will remain in special measures for a further six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Rosie Benneyworth BS BM BMedSci MRCGPChief
Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and a second CQC inspector.

Background to The Beaches Medical Centre

- The name of the registered provider is The Beaches Medical Centre. The Beaches Medical Centre, formally known as Central Healthcare Centre, merged with Gorleston Medical Centre on 1 October 2018. They had merged with Family Healthcare in 2016.
- The practice is registered to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice holds a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice area covers Gorleston and the surrounding villages.
- The practice offers health care services to approximately 25,200 patients.
- The practice website is <https://thebeachesmedicalcentre.co.uk>
- There are two GP Partners at the practice (both male), one salaried GP (female) and six long term GP locums (three female and three male). The practice clinical team also includes five advanced nurse practitioners and one nurse practitioner, who prescribes. There are six practice nurses, four healthcare assistants and two phlebotomists who are led by a practice nurse

manager. There is a team of 20 reception staff, who are led by three reception supervisors, six secretarial staff, one finance administrator, one operations administrator, four data administrators and three cleaners. The team are led by a finance manager, assistant manager and a practice manager.

- The practice is open between 8am to 6.30pm Monday to Friday.
- Out-of-hours GP services are provided by Integrated Care 24, via the NHS111 service.

According to Public Health England, the patient population has a slightly lower than average number of patients aged under 18 compared to the practice average across England. It has a higher percentage of patients aged 75 and above compared to the practice average across England, with a significantly higher than average number of patients aged 65 to 74. Income deprivation affecting children and older people is slightly higher than the practice average across England. The index of deprivation decile is 4, where 1 is the most deprived and 10 is the least deprived. Male life expectancy is 79 years for men, which is the same as the England average. Female life expectancy is 82 years for women, which is the below the England average of 83.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had not established and did not operate effectively systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <ul style="list-style-type: none">• Training deemed mandatory by the practice was not completed by all staff and safeguarding children training was not completed to the appropriate level for all staff. Oversight of completed training was not fully embedded.• There was no system in place to effectively monitor the oversight of medical indemnity cover for all relevant clinical staff.• The practice had not implemented all of the relevant actions from the Fire Risk Assessment and the risk assessment for the risk of legionella was overdue.