

Beacon Medical Practice

Inspection report

Churchill Avenue
Skegness
Lincolnshire
PE25 2RN
Tel: 01754897000
www.beaconmedicalpractice.com

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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 

Are services effective?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beacon Medical Practice on 8 November 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Beacon Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 July 2018 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 8 November 2017. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

Overall the practice and all the population groups is now rated as Good.

Our key findings were as follows:

- The practice had effective systems in place to ensure safe prescribing and dispensing of medicines.
- Blank prescription forms were stored securely when not in use.
- Learning and actions from serious events were implemented.

- Uncommissioned obstetric ultra-sound scanning had ceased.
- Patient group directives had been reviewed and updated.
- Clinical audits had been completed and others were on-going.

- The practice had reviewed the process for monitoring the temperature of refrigerators used to store medicines.
- The practice had taken steps to ensure patient confidentiality at the reception area.
- The practice had responded to concerns over appointment availability and had introduced a 'sit and wait' system to meet the needs of some patients.

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

- Monitor and review the appointment system and availability.
- Review and monitor patient satisfaction with the service provided.
- Review the process for monitoring and regulating the temperature of the dispensary at Ingoldmells.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Beacon Medical Practice

Beacon Medical Practice is a GP practice which provides a range of primary medical services to 22,170 patients in Skegness and neighbouring villages. The practice has one location registered with the Care Quality Commission (CQC). This is at Churchill Avenue, Skegness, Lincolnshire. PE25 2RN.

The provider of services is registered with the Care Quality Commission as Beacon Medical Practice which is partnership.

The partnership is registered to provide the regulated activities of;

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury


There are branch surgeries at Beacon Medical Practice Chapel St Leonards, Ancaster Avenue, Chapel St Leonards, Lincolnshire. PE24 5SL and Beacon Medical Practice Ingoldmells, Skegness Road, Ingoldmells, Lincolnshire, PE25 1JL. We visited Skegness and the Ingoldmells branch surgery as part of our inspection.

Services are commissioned by Lincolnshire East Clinical Commissioning Group (CCG).

The service is provided by seven GP partners, two salaried GPs, two GP Registrars six nurse practitioners, two emergency care practitioners, six practice nurses, five health care assistants, a dispensary team leader and nine dispensers. They are supported by a practice manager, an operations manager, a data manager and a team of reception and administration staff. In total the practice employs more than 70 members of staff.


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 sits in the highest decile of deprivation with a score of 43.8, more than double the national average of 21.8.

There are a high number of temporary residents who use the services of the practice, particularly between April and September. The number varies year on year but is typically between 6 and 10,000 patient registrations per annum. On the day of our inspection there were 456 temporary residents registered with the practice.



The practice offered dispensing services to those patients who lived more than one mile (1.6km) from their nearest pharmacy. There are dispensaries located at the branch surgeries at Chapel St Leonards and Ingoldmells.

The practice has a higher than average number of older people as patients with 27% being aged 66 or over. There are fewer younger people aged 18 and under registered with the practice, 17% compared to the national average of 21%.



The number of patients with a long-term health condition, 65%, is significantly higher than the national average of 53%. Life expectancy for both males (76 years) and females (80 years) is below the national average of 79 and 83 years respectively.

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 which can be accessed through NHS111.

Are services safe?

At our previous inspection on 8 November 2017, we rated the practice as requires improvement for providing safe services because;

- The practice did not have in place an effective system to ensure the safe prescribing of medicines.
- Dispensing did not always follow best practice guidance.
- Blank prescription forms were not stored securely when not in use.
- Whilst serious events were well documented and investigated, the actions arising from the investigations were not always implemented.
- The process for monitoring the temperatures of fridges used to store medicines required review.

These arrangements had been resolved when we undertook a follow up inspection on 18 July 2018. The practice is now rated as good for providing safe services.

Safe and appropriate use of medicines

- The practice had introduced a system whereby the duty GP had to access the patient record to ensure themselves of the appropriateness before signing repeat prescriptions.
- Patient group directives had been reviewed and had been signed by all the nurses to allow them to administer certain medicines in accordance with legal requirements.

- Dispensing standard operating procedures had been updated and amended to reflect best practice including retaining medicines in their original packaging.
- The practice had introduced a system whereby clinicians signed for blank prescriptions at the start of their clinic and returned them after clinic to the reception where they were stored under locked conditions.
- The practice had reviewed the process for monitoring fridge temperatures. This included twice daily monitoring and recording of every fridge temperature and the purchase and use of data loggers.
- The inspection was carried out during a period of sustained hot weather. We noted that although there was a thermometer in the dispensary at Ingoldmells, there was no means of constantly monitoring and recording the temperature. Additionally there was no provision in place to cool the area to ensure that medicines were kept in conditions that helped ensure their efficacy.

Lessons learned and improvements made

- The recording, investigation and the implementation of learning and actions to be taken from serious events had been reviewed and implemented. They were clearly documented and the learning from them made available to all staff on the practice computer system.

Are services effective?

At our previous inspection on 8 November 2017, we rated the practice as requires improvement for providing effective services because;

- Obstetric ultra-sound scanning was being undertaken by one GP without there being any protocol in place or audit of the clinical need and effectiveness of the procedure.

This issue had been resolved when we undertook a follow up inspection on 18 July 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

- Obstetric ultra-sound scanning had ceased and the equipment removed from the premises.
- The procedure would not be re-introduced.

Are services responsive to people's needs?

At our previous inspection on 8 November 2017, we rated the practice as requires improvement for providing responsive services because;

- Patients found it difficult to contact the practice to make an appointment.
- Patients found difficulty in getting an appointment within a reasonable time
- Uncommissioned activity by a GP was having a detrimental effect on GP consultation availability.
- Learning from complaints had not always been cascaded to relevant staff.

These arrangements had significantly improved when we undertook a follow up inspection on 18 July 2018. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

- Although the practice had ceased to provide extended hours consultations we were informed that the demand had been historically low. An extended hours hub was opening in Skegness by 1 October 2018.

Timely access to the service

- Following our inspection in November 2017 and our concerns regarding timely access to the service the practice introduced a sit and wait service that operated from all three surgeries.

- Evidence showed that the number 'did not attend' GP appointments had reduced by 57% since the introduction of the system in April.
- The 'did not attend' rate for nurse appointments had not shown a reduction as these were per-bookable appointments.
- We looked at appointments, chosen at random in January, April and July 2018 and found that the number of appointments had increased from 951 a week in January to 1187 a week in July with on the day consultations (duty team) increasing from 290 to 582. Overall there had been an increase in capacity from 43 appointments per 1,000 patients per week to 54 appointments per 1,000 patients per week.
- During our visit we observed a patient being offered an appointment for a long-term condition review that same afternoon and an over 75 health check in two days' time.
- Reception staff we spoke with told us that the sit and wait system proved popular with most patients and had improved appointment availability as more clinical staff became available once sit and wait had finished.
- The practice had ceased uncommissioned obstetric ultra-sound scanning which freed those appointments for commissioned care and treatment.

Listening and learning from concerns and complaints

- We found that the practice had acted to ensure that any learning from complaints was cascaded to staff through meetings and access to the practice intranet.

Are services well-led?

At our previous inspection on 7 November 2017, we rated the practice as requires improvement for providing well-led services because;

- Un-commissioned obstetric scanning was being carried out by one GP with no protocol in place and no assurances as to the quality or appropriateness of the procedure.
- We were not assured that staff were able to report concerns in line with the whistle blowing policy without the possibility of recrimination or redress.
- There was no evidence of clinical audit being used as means of improving the action to change practice to improve quality of care and outcomes for patients.
- The practice had not adequately addressed the patient concerns regarding difficulty in accessing GP appointments.
- There was no evidence of clinical audit being used as means of quality improvement.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 18 July 2018. The practice is now rated as good for being well-led.

Culture

- The practice had reviewed its whistle blowing policy in January 2018. The policy was available to all staff on the practice computer system.
- The policy included details of the 'Freedom to speak up guardian' and included contact details for regulatory and investigative bodies including the National Guardian Office, General Medical Council, Nursing and Midwifery Council, CQC and Public Concern at Work (an independent whistleblowing charity).

Governance arrangements

- The practice had taken positive action and had caused uncommissioned obstetric ultra-sound scanning to cease, which included the removal of the equipment from the practice premises.
- We were provided with evidence of completed cycle clinical audits. These included audits regarding histopathological results, the monitoring of patients prescribed medicines to treat hyperthyroidism.
- Other clinical audits were on-going and included thrombocytosis in suspected cancer patients and the concomitant use of clopidogrel and omeprazole or esomeprazole.
- The practice had revised the dispensary standard operating procedures and had introduced six monthly reviews to audit that all medicines were retained in their original packaging.