

Beacon Medical Services

Inspection report

3 Heather Court
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Doncaster
South Yorkshire
DN2 5YL
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 11 October 2017 and 13 April 2018)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Beacon Medical Services on 18 June 2019 as part of our inspection programme.

Beacon Medical Services is an independent provider of GP services and offers a range of services to patients (adults, children and young people). The practice has a patient population of 1680 patients. The practice offers general medical services for their population and is based on the outskirts of Doncaster town centre.

As part of our inspection we reviewed 23 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service. All of the comment cards we received were extremely positive about the service experienced. Patients reported the practice offered an excellent service and staff were extremely caring, understanding, professional and supportive and treated them with much dignity and respect. They said the service was extremely accessible. They also told us that they found the environment to be clean, hygienic and comfortable.

Our key findings were :

- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand.
- Most risks to patients were assessed and managed.

- The practice held a register of policies and procedures which were in place to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Review and improve systems to establish patients identity when registering for the service and parental authority.
- Review and implement systems for recommended safeguarding and clinical refresher training relevant to the role and treatments provided.
- Continue with plans to provide chaperone training for staff who undertake this role.
- Review and improve systems for infection prevention and control in relation to use of the trolley and sink in the treatment room and provision of hand drying facilities. Continue with plans to review the Legionella risk assessment.
- Review and risk assess the need for oxygen in line with the Resuscitation Council UK guidelines.
- Review and improve the system for management of safety alerts.
- Consider implementation of prescribing audits.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Beacon Medical Services

Beacon Medical Services is an independent provider of GP services and offers a range of services to patients to both adults and children. The practice has a patient population of 1680 patients.

The practice offers general medical services for their population and is based on the outskirts of Doncaster town centre.

The provider, Don Hezseltine, is registered with the Care Quality Commission to provide services at Beacon Medical Services, 3 Heather Court, Shaw Wood Way, Doncaster, DN2 5YL. The property is rented by the provider and consists of a patient waiting room, an administration office and a consulting room in a single storey building. There are car parking spaces outside the practice for patients, including a disabled parking space.

The practice is open from 8am until 6pm Monday to Friday. An out-of-hour's service is provided at the request of the patient. Appointments are booked directly with the GP who is available via a mobile phone.

How we inspected this service

During our visit we:

- Spoke with the GP and the practice manager.
- Reviewed 23 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Requires Improvement because:

Systems to establish patients identity when registering for the service and parental authority were not in place.

- The GP had not completed recommended safeguarding and clinical refresher training relevant to the role and treatments provided.
- Chaperone training had not been provided for staff who undertake this role.
- Use of the trolley and sink in the treatment room and hand drying facilities may create a cross infection risk. The Legionella risk assessment annual review was overdue.
- The non-provision of oxygen had not been risk assessed in line with the Resuscitation Council UK guidelines.
- Systems to manage safety alerts.
- Consider implementation of prescribing audits.

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse although there were some areas for improvement in infection prevention and control.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. Staff received safety information training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had informal systems in place to check that an adult accompanying a child had parental authority. The practice did not check patient's identity when they were accepted into the practice and the provider told us they would implement this.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Staff received safeguarding and safety training appropriate to their role and they knew how to identify and report concerns. However, the GP was due for an update of their training which had last been undertaken in February 2016. The member of staff who would act as a chaperone had received some training in this area although not in relation to a clinical setting. They displayed a good understanding of their role as a chaperone and had received a DBS check. They had already identified this as a training requirement but told us they had struggled to find a suitable training provider and so they had arranged to go to another practice for this training.
- There was a system to manage infection prevention and control and audits had been completed. However, we observed some areas that may create a risk of cross infection in the treatment room. For example, the trolley in the treatment area, due to the design, may not be able to be effectively cleaned. We also saw a towel roll used for hand drying was not in a dispenser and the hand washing sink was used for other tasks. A legionella risk assessment had been completed. This stated the risk assessment should be reviewed annually and this had been due in October 2018 but had not been completed. The practice manager told us they would review this
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- All patient calls went directly to the GP who understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis.

Are services safe?

- The practice had medicines and equipment to assist them to manage medical emergencies. The medicines were checked weekly and we were told the equipment was also checked although there were no records to support this. The provider showed us the equipment was in working condition during the inspection. Oxygen was not provided, this had not been risk assessed in line with the Resuscitation Council UK guidelines. We were told recent basic life support training had been provided but they had not received the certificates to evidence the training at the time of inspection.
- When there were changes to services or staff the service assessed and monitored the impact on safety. If services were not going to be available patients would be informed and directed to their NHS GP.
- There were appropriate indemnity arrangements in place to cover potential liabilities

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they ceased trading. The provider told us they would review this and put plans in place.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines but some improvements have been made since the inspection .

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. However, the hand-written daily temperature records for the vaccine fridge showed temperatures had been outside the recommended range for safe storage of vaccines on

several occasions. The practice also had a data logger in the fridge to assist in temperature monitoring and this equipment had an alarm to alert staff if the temperature went outside the recommended range. These records were downloaded and checked regularly. The records from the data logger did not show any temperatures outside the recommended parameters but showed the temperature was consistently measuring above the fridge thermometer. Records showed the equipment used for monitoring the temperature had been calibrated annually. The provider has told us since the inspection they have purchased a new fridge thermometer and completed a risk assessment and undertaken increased monitoring. They also provided evidence of audits of all three temperature monitoring systems completed to try to establish a correct record. These records showed the data logger and new thermometer were consistently recording the same temperatures. The hand-written records did not include maximum and minimum temperatures, or the action taken when the temperature was recorded as outside the recommended range. The practice manager told us they would improve the records to include this information in future.

- The service kept prescription stationery securely and monitored its use.
- The service had carried out some prescribing audit activity but did not carry out regular medicines audits to ensure prescribing of medicines, such as antibiotics, was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The GP assured themselves that all monitoring requirements were up to date prior to competing a prescription for high risk medicines by contacting the patients specialist care team or NHS GP.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

Are services safe?

With the exception of patient and medicine safety alerts the service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and acted to improve safety in the service. For example, following an incident relating to prescribing an anticoagulant and another medicine which was contraindicated the provider improved patient records by highlighting more clearly those on the medicine to prompt an online contra-indication check. The situation had also prompted the provider to investigate purchase of an electronic patient record system with integral interactions warnings and this was due to be installed in the near future.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service told us they acted on and learned from external safety events as well as patient and medicine safety alerts. The GP had a system to access safety alerts via the Independent Doctors Federation (IDF). However, the GP was unable to recall the last three safety alerts they had received or evidence any actions they may have taken in response. He said he would review this system to assure himself all relevant alerts were received and acted upon.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had some systems to keep up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The GP used care pathways and protocols to inform care and treatment. However, there was little evidence of recommended ongoing updates for some of the treatment being undertaken such as cervical screening, vaccination and fitting of intrauterine contraceptive devices. The GP told us they would stop fitting the contraceptive devices and they would review training for the other areas in line with guidance. Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- All patients were offered an annual health check and review of their medicines and long term conditions. Patients were encouraged to use their registered GP for ongoing care, treatment and monitoring of their long term conditions.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit related to ensuring anticoagulant prescribing for patients with reduced renal function met current guidelines had been undertaken. Two patients

on the medicine with reduced renal function, whose treatment had commenced in secondary care, were identified and their treatment was reviewed in line with guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff were appropriately qualified.
- The GP was registered with the General Medical Council (GMC) and up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, secondary care services.
- Before providing treatment, the doctor ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- Patient information was shared appropriately (this included when patients moved to other professional services and the patients NHS GP), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.

Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available on request for patients who did not have English as a first language.
- Patients told us through CQC comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and would review and improve services if necessary in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Parking for the disabled was available and all services were provided on the ground floor. Home visits could be made available on request.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously, and they had systems in place to respond to them appropriately to improve the quality of care.

- The service had complaint policy and procedures in place.
- The practice had not received any complaints in the last 12 months.
- Information about how to make a complaint or raise concerns was available.
- The service had systems in place to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they were aware of the changing landscape in relation to communication with other service providers and a new IT system was due to be implemented to improve communication and patient record systems.
- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values which the main focus of which was the provision of patient centred care. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.

- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There was only the provider/GP and practice manager who worked at the practice. Structures processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Some areas that may create risk relating to infection prevention and control and provision of oxygen required review.
- The service had processes to manage current and future performance.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients, staff and acted on them to shape services and culture.
- Staff meetings were held which gave opportunity to give feedback.
- The provider commissioned an external company to complete an annual survey. The results of the 2019 survey showed high levels of satisfaction with all elements of the care and treatment provided.