

# Beacon Medical

## Inspection report

St Hughs Avenue  
Cleethorpes  
DN35 8EB  
Tel: 01472691033  
[www.beaconmedical.nhs.uk](http://www.beaconmedical.nhs.uk)

Date of inspection visit: 14 and 19 July 2022  
Date of publication: 05/09/2022

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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services responsive to people's needs?

Inspected but not rated 

Are services well-led?

Good 

# Overall summary

We carried out an announced inspection at Beacon Medical on 14 and 19 July 2022. Overall, the practice is rated as Good.

Set out the ratings for each key question

Safe - Requires Improvement

Effective – Good

Responsive - Inspected but not rated

Well-led - Good

Following our previous inspection on 12 February 2019, the practice was rated Good overall and for all key questions. We did not inspect the caring domain and inspected access under the responsive domain, but did not rate, so they remain rated as Good

The full reports for previous inspections can be found by selecting the 'all reports' link for Beacon Medical on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This was a focused inspection conducted as part of the national sampling programme of services rated good or outstanding who have undergone remote monitoring assessment.

## 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
- 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
- A short 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

# Overall summary

- 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 found that:

- The practice had not always provided care in a way that kept patients safe and protected them from avoidable harm because recruitment policies were not always fully implemented and there were some gaps in aspects of the safe management of medicines and liquid nitrogen.
- Patients received effective care and treatment that met their needs.
- Staff treated patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The leadership team demonstrated an open and transparent leadership style.
- The way the practice was led and managed promoted the delivery of high-quality, person centred care. However, areas of the practice were not managed consistently as concerns in relation to risk management identified during the inspection had not been identified or resolved by the practice.

We found an area of outstanding practice:

- In recognition for their work during the pandemic to provide vaccinations for 60,000 patients across multiple primary care networks (PCN's), the practice was awarded an NHS Hidden Heroes Award in 2021 for outstanding service during the pandemic.

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

- Ensure care and treatment is provided in a safe way to patients.

Whilst we found no breaches of regulations, the provider **should**:

- Implement the new recruitment checklist and complete the audit of staff recruitment records to identify shortfalls and request any outstanding records.
- Continue to encourage patient uptake in cervical cancer screening.
- Continue to recruit new members for the patient participation group to involve patients in the running of the practice.
- Continue to replace the high-risk areas of flooring.
- Continue to complete the improvement works planned in the fire and Legionella risk assessments.

**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 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, and a second CQC inspector who undertook a site visit.

## Background to Beacon Medical

Beacon Medical is located in Cleethorpes at:

St Hugh's Avenue

Cleethorpes

DN35 8EB

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

The practice is situated within the NHS Humber and North Yorkshire Integrated Care Systems (ICS) and delivers Personal Medical Services (PMS) to a patient population of about 12,333. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices. The group of four practices is known as Apollo Primary Care Network (PCN) and work together to provide access to additional services such as a pharmacist, and First Contact physiotherapist.

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (five 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 1.3% Asian, 97.5% White, 0.2% Black, 0.6% Mixed, and 0.4% Other.

The age distribution of the practice population closely mirrors the local and national averages for younger people. There are more older people and less working age people registered at the practice.

There is a team of four GPs who provide cover. The practice has a nurse team of one assistant nurse practitioner, five practice nurses, three health care assistants and one care coordinator. The practice manager and a team of reception and administrative staff undertake the day to day management and running of the practice.

The practice is open between 8:00am – 6:30pm Mon – Friday (core hours). Extended access is provided: 6:30pm – 8pm Mon – Friday; 8:30am – 11:30am Saturday and 8:30am – 10:30am Sunday.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are accessed via the NHS 111 service.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular</p> <ul style="list-style-type: none"><li>• The monitoring and oversight of medicine fridge temperatures was not effective.</li></ul> <p>The registered provider had not ensured that the premises used were safe to use for their intended purpose and were used in a safe way and equipment used for providing care or treatment to a service user was safe for such use and used in a safe way. In particular</p> <ul style="list-style-type: none"><li>• The storage and handling of liquid nitrogen was not safely managed.</li></ul> <p>This was in breach of Regulation 12 (1)(2)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>