

# The Beaches Medical Centre

## Inspection report

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[www.thebeachesmedicalcentre.co.uk](http://www.thebeachesmedicalcentre.co.uk)

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



# Overall summary

**We carried out an announced comprehensive inspection at The Beaches Medical Centre from 1 October to 4 November 2020. We rated this service as inadequate overall.**

This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm whether the practice was now meeting legal requirements.

At the previous comprehensive inspection on 30 October 2019, the practice was rated as requires improvement overall with a rating of inadequate for providing well-led services. The practice was rated as requires improvement for providing safe, effective and responsive services and good for providing caring services. The practice remained in special measures due to the rating of inadequate for providing well-led services. A follow up inspection was planned for April 2020 which was postponed due to the COVID 19 pandemic.

Following this comprehensive inspection on 4 November 2020, we rated the practice inadequate overall and in the safe, effective and well-led key questions. The responsive key question was rated requires improvement, and caring was rated as good; all the population groups were rated inadequate due to our overall concerns which impacted these groups.

We carried out an announced comprehensive inspection at the practice as the practice was in special measures. We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook most of the inspection processes remotely and spent less time on site. We conducted staff interviews between 1 October to 10 October 2020 and carried out a site visit on 4 November 2020.

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

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 found the provider had made improvements relating to issues we identified at our last inspection. However, we identified several new areas of concern and have **rated the practice as inadequate for providing safe services because:**

- We found the practice's system for managing patient and drug safety alerts did not ensure medicines were prescribed safely. There was no evidence to show the practice had taken action to protect all patients from avoidable harm.
- The practice did not evidence a safe system to ensure patients on high risk medicines were appropriately monitored in a timely way.
- The practice did not fully evidence that they had carried out structured medicines reviews for all relevant patients.

**The practice was rated as inadequate for providing effective services and all population groups were rated inadequate because:**

- The practice failed to evidence patients' needs were adequately assessed. We found care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.
- The practice did not fully evidence that they had carried out structured medicines reviews for all relevant patients.
- We reviewed the practice's system for managing pathology results and found that there was not an effective system to ensure abnormal results for long term conditions were reviewed and acted on in a timely way.

# Overall summary

- We were not assured care was effective for patients across all population groups due to a lack of clear and accurate record keeping.
- The practice failed to have an effective system in place for treating patients with a potential diagnosis of diabetes. This did not ensure these patients received proactive care and advice to make informed choices and lifestyle changes to prevent further deterioration of their health.

## **The practice was rated as good for providing caring services because:**

- Staff treated patients with kindness, respect and compassion.

## **The practice was rated as requires improvement for providing responsive services and all population groups were rated requires improvement because:**

- Some areas of the latest national GP survey results showed improvement and the practice told us of the steps they had taken to improve patient satisfaction with access. However, results remained below local and national results for access to care and treatment.

## **The practice was rated as inadequate for providing well-led services because:**

- We found a lack of clinical leadership capacity and oversight to successfully manage challenges and implement and sustain improvements.
- We found a lack of governance structures and systems which led to significant patient safety concerns identified at this inspection.

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

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

This service was placed in special measures in March 2019. Some improvements have been made; however insufficient improvements have been made in some areas. Therefore, the service will remain in special measures for a further six months. 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 six months, and if there is not enough improvement, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

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

As a result of the findings from our announced comprehensive inspection as to non-compliance, but more seriously, the risk to service users' life, health and wellbeing, the Commission decided to issue an urgent notice of decision to impose conditions on the provider's CQC registration. For further information see the enforcement section of this report.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and 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 [www.thebeachesmedicalcentre.co.uk](http://www.thebeachesmedicalcentre.co.uk).
- There are three GP Partners at the practice (male), three salaried GPs (two female and one male) and two long term GP locums (male). The practice clinical team also includes four advanced nurse practitioners and two nurse practitioners, who prescribe. There are five practice nurses, five healthcare assistants and a phlebotomist who are led by a practice nurse manager. There is a team of 20 reception staff, who are led by three reception supervisors. The practice employs six secretarial staff, one finance administrator, one operations administrator, four data administrators and three cleaners. The team are led by a Finance & Performance Manager, Operations Manager and Quality Improvement Manager.
- The practice is being supported by the local clinical commissioning group who have provided a lead GP for 2.5 days and a business development manager for five days a week
- The practice is open between 8am and 6.30pm Monday to Friday at the main site at Sussex Road and the branch site in Magdalen Way. The second branch site in the village of Hopton is open from 8am to 12.30pm 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, which is the same as the England average. Female life expectancy is 82 years, which is below the England average of 83.

## Enforcement actions

### 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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems and processes in place that operated ineffectively in that they:</b></p> <ul style="list-style-type: none"><li>Failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</li><li>We found a lack of governance and assurance structures and systems which led to significant patient safety concerns identified at this inspection.</li></ul> <p><b>There was additional evidence of poor governance. In particular:</b></p> <ul style="list-style-type: none"><li>We found a lack of clinical leadership capacity and capability to successfully manage challenges and implement and sustain improvements.</li><li>We found the practice did not have a system in place for recalling, monitoring or treating patients with a potential diagnosis of diabetes.</li><li>We reviewed the practice's system for managing pathology results and found that there was no oversight to ensure abnormal results in relation to long term conditions were always reviewed and acted on in a timely way.</li><li>We found the practice's system for managing patient and drug safety alerts was not effective. We found the practice had not acted on one alert we reviewed, which affected up to five patients. There was no evidence to show the practice had taken action to protect all of those patients from avoidable harm.</li><li>The practice did not evidence an effective system to ensure patients on high risk medicines were appropriately managed in a timely way. We reviewed four high risk medicines and found three were not appropriately managed.</li><li>The practice's system for ensuring patients had a documented and structured medicine review was not</li></ul>

This section is primarily information for the provider

## Enforcement actions

effective. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicine review or consultation with the patient. We reviewed patient consultation records and found discrepancies with the coding of medical records.