

# 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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

# Overall summary

We carried out an announced inspection at The Beaches Medical Centre on 22 July 2021. Overall, the practice is rated as good. The ratings for each key question are:

Safe - Good

Effective – Good

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Following our previous inspection on 4 November 2020, the practice was rated Inadequate overall and for providing safe, effective and well led services. It was rated good for providing caring services and requires improvement for providing responsive services. Due to our ratings principles all population groups were rated inadequate. The practice remained in special measures, and urgent conditions were imposed on their registration. The full reports for previous inspections 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)

## Why we carried out this inspection

We carried out an announced comprehensive inspection as the practice was in special measures. This inspection was to review in detail the actions taken by the provider to improve the quality of care and to confirm whether legal requirements were now being met. The focus of this inspection included:

- The key questions of safe, effective, caring, responsive and well led.
- The follow up of areas where the provider ‘should’ improve identified in our previous inspection.
- Assessment of how the provider had met the conditions imposed at our last inspection.

## 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:

- Requesting evidence from the provider and reviewing this.
- 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.
- Conducting staff interviews using video conferencing and by telephone.
- Gaining feedback from staff by using staff questionnaires.
- Requesting and reviewing feedback from the Patient Participation Group.
- A short site visit.

## Our findings

# Overall summary

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 significant improvements relating to issues we identified at our last inspection. The new systems and processes need to be sustained and embedded.

**We have rated this practice as good overall and requires improvement for providing well led services. The practice is rated requires improvement for one population group, people with long term conditions, in the effective key question. Due to the ratings principles this means the practice is rated as good for providing effective services overall, and people with long term conditions is rated requires improvement overall.**

We found that:

- The provider had met the conditions imposed at our previous inspection. Improvements had been made to the systems for managing and actioning patient safety alerts, ensuring patients prescribed high risk medicines were monitored, documenting medicines reviews, monitoring or treatment of patients with a potential diagnosis of diabetes, care planning, and the clinical oversight of this work.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. The practice achievement in the national GP patient survey results published in July 2021, for caring indicators, was in line with the Clinical Commissioning Group and England averages.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. We received mixed feedback in relation to patients being able to access care and treatment in a timely way. The practice achievement for patient satisfaction with access had improved and was in line with the Clinical Commissioning Group and England averages in the national GP patient survey results published in July 2021.

**At this inspection we have rated the practice as good for providing effective services. However, the population group people with long term conditions is rated requires improvement because:**

- Improvements had been made to the systems for monitoring of patients' medicines, the recall, monitoring or treatment of patients with a potential diagnosis of diabetes, care planning, and the clinical oversight of this work. However, some improvements still needed to be fully implemented for people with long term conditions to ensure good health outcomes were achieved. The most recently published Quality and Outcomes Framework (QOF) data showed the practice performance was below the Clinical Commissioning Group and England averages for some long-term conditions.

**At this inspection we have rated the practice as requires improvement for providing well led services because:**

- An external support team including a GP and business manager were provided by the CCG, had been in place since October 2019, to support the practice until October 2024. There had been recent changes within the GP partnership. Therefore, this newly formed partnership needed to be fully established to ensure the leadership would continue to improve, embed, monitor, and sustain the systems and processes now in place to ensure safe and effective treatment continues to be delivered.

# Overall summary

- Some staff did not feel supported by all the GP partners and did not feel concerns raised were listened to or acted upon. Some staff told us there was some poor leadership, teamwork and communication from the GP partners and that there was a lack of oversight of the impact of additional workload to their wellbeing.

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, necessary to enable them to carry out their duties.

We found the provider **should**:

Continue with the scheduled plan of clinical and prescribing audits including those for care plans and DNACPR decisions to ensure all improvements are embedded and sustained.

- Continue work to improve the coding of patients with a potential diagnosis of diabetes.
- Continue to monitor, develop and drive forward the improvement plan and COVID-19 recovery plan, with regular monitoring of improvements to ensure they are safe and effective.
- Continue to work to improve the uptake of cervical screening.
- Document the completion of in-house training to staff, for example training delivered following a significant event or complaint.

I am taking this service out of special measures and the conditions that were imposed on the provider's registration will be removed. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and by telephone 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.

## 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 25,100 patients.
- The practice website is [www.thebeachesmedicalcentre.co.uk](http://www.thebeachesmedicalcentre.co.uk).
- There are four GP Partners at the practice (male), one salaried GP (female) and two long term GP locums (one male and one female). The practice clinical team also includes three advanced nurse practitioners and one nurse practitioner, who prescribe, two clinical pharmacists and three paramedics. There are six 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 four reception supervisors. The practice employs seven secretarial staff, including a lead secretary, one information technology lead, three data administrators, one of who is a summariser, a read coder who is also a summariser 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, as part of a formal five-year support package.
- The practice is open between 8am and 6.30pm Monday to Friday at the Beaches 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. The Beaches site was also open on Saturdays from 8am to 12.15pm.
- Out-of-hours GP services are provided by Integrated Care 24, via the NHS111 service.
- Patients could access appointments at a practice in Martham or Great Yarmouth during the evenings and weekends. These could be booked through the practice directly.
- 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 3, where 1 is the most deprived and 10 is the least deprived. The ethnic make-up of the practice area is, 96% White, 2% Asian 0.5% Black, 1% Mixed, and 0.5% Other. 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.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</b></p> <ul style="list-style-type: none"><li>• Eight staff (clinical and non-clinical) told us they did not feel supported at all, and three staff told us they did not always feel supported by the GP partners.</li><li>• Four clinical staff and two non-clinical staff told us their concerns were not listened to or acted upon.</li><li>• Some staff (clinical and non-clinical) told us they found the GP partnership did not always give them confidence that their well-being was a high priority.</li><li>• Three clinical staff told us there was a lack of consistency between the GP partners leading to some confusion for clinical staff in how care and treatment should be provided to patients.</li></ul> <p><b>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>