

# The Practice Beacon

## 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 

# Overall summary

We carried out an announced focused inspection at The Practice Beacon on 5 February 2019. The inspection was triggered by concerns received by the Care Quality Commission. The concerns suggested that the practice was not appropriately prepared for medical emergencies and that staff did not have access to sufficient training opportunities.

We previously published a comprehensive inspection of The Practice Beacon on March 2017. At that time the service was rated as good overall, for all key questions, and all population groups.

We focused our inspection on 5 February 2019 on the concerns raised; areas we had identified for improvement at the last inspection and areas where the practice's published performance had changed since our previous inspection. We have rated the key questions we focused on as follows:

Are services safe? – Good

Are services effective? – Good

The practice remains rated as good overall. It remains rated as outstanding for providing responsive care and good for providing safe, effective, caring and well-led care. It remains rated as good for all population groups.

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 and other organisations.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.

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 General Practice

## Population group ratings

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist adviser.

## Background to The Practice Beacon

The Practice Beacon provides primary medical services through a Personal Medical Services (PMS) contract.

The services are provided from a single location to around 2190 patients. The practice is part of a chain of surgeries operated in England by the provider Chilvers and McCrea Limited, also known as The Practice Group.

The practice is located in the borough of Kensington and Chelsea. The patient population includes a higher proportion of working age people between 20 and 49 year olds than the national average and is ethnically diverse.

The practice is staffed by the lead GP (male) and a long-term locum GP (female) who work at the practice part-time. Between them they provide 10 GP sessions per week. The practice also employs an advanced nurse practitioner who works at the practice two days a week, a part-time locum practice nurse, a part-time healthcare assistant, a practice manager, a trainee assistant

manager and three reception staff. The provider has recently recruited a pharmacist who will also work at the practice part-time. The local practice staff are supported by a centralised management team with the provider's regional lead nurse and regional manager attending the practice regularly.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am and 3pm to 5.40pm. Patients are informed about the out-of-hours and local extended hours primary care services.

The practice is registered with the Care Quality Commission to carry on the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

## Are services safe?

At our previous inspection published on 17 March 2017, we rated the practice as good for providing safe services.

At our inspection on 5 February 2019, we reviewed the practice's readiness for handling medical emergencies as we had received concerns about this. We also looked at the practice's fire policy and procedures as we had noted that the practice had not been recording fire drills at the last inspection. At this inspection, we found that the practice and staff were well prepared for medical emergencies. Fire drills were being carried out and recorded. The practice is rated as good for providing safe services.

### Risks to patients

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- The practice had maintained a continuous record of monitoring checks to ensure that emergency medicines and equipment were ready for use and in date since November 2018.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians had been trained on how to identify and manage patients with severe infections including sepsis.
- At our previous inspection, we found that the practice had not carried out a risk assessment in relation to the list of emergency medicines it stocked. At this inspection, we found that this had been done.

# Are services effective?

At our previous inspection published on 17 March 2017, we rated the practice as good for providing effective services.

At our inspection on 5 February 2019, we reviewed whether practice staff had access to sufficient training opportunities and support as we had received concerns about this. We also looked at how the practice was monitoring care and treatment for long-term conditions and childhood immunisations because recently published data suggested these might be areas for improvement.

We found that the practice and staff were well trained and well supported for their roles. The practice was aware of its performance in relation to published indicators and was taking action to improve where weaknesses had been identified.

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

## Monitoring care and treatment

With the recruitment of a new lead GP and a clinical pharmacist, the practice was developing a programme of quality improvement activity.

- The practice used information about care and treatment to make improvements.

- The practice was developing its quality improvement activity. There were regular clinical team meetings and the practice had identified areas for audit. The practice had taken action to improve performance in certain areas, for example to improve child immunisation rates and to increase its provision of regular COPD reviews for eligible patients.
- The provider had recently recruited a clinical pharmacist to support monitoring activity, for example of high risk medicines.
- Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice 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.
- The practice provided staff with ongoing support. This included one to one meetings, appraisals, clinical supervision and revalidation. The practice held regular clinical team meetings and staff meetings.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.