

# Beacon Medical Services

## Inspection report

3 Heather Court  
Shaw Wood Way  
Doncaster  
South Yorkshire  
DN2 5YL  
Tel: 01302329666  
[www.beaconmedical.co.uk](http://www.beaconmedical.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

Good



Are services safe?

Good



# Overall summary

## **This service is rated as Good overall.**

We carried out an announced focused inspection at Beacon Medical Services on 9 March 2020 to follow up recommendations that had been made at the last inspection. (Previous inspections 11 October 2017, 13 April 2018 and 18 June 2019).

## **The key question inspected was, are services safe? and this key question is now rated as Good**

CQC inspected the service on 18 June 2019 and recommended the provider make improvements regarding:

- Establishing patient's identity when registering for the service and parental authority.
- Safeguarding and clinical refresher training relevant to the role and treatments provided.
- Chaperone training for staff who undertake this role.
- Infection prevention and control in relation to use of the trolley and sink in the treatment room and provision of hand drying facilities.
- Legionella risk assessment.
- Risk assessment for provision of oxygen in line with the Resuscitation Council UK guidelines.
- Management of safety alerts.
- Prescribing audits.

We reviewed these areas as part of the focused inspection on 9 March 2020 and found they had been satisfactorily addressed.

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.

## **Our key findings were:**

- The provider had made improvements and the practice provided care in a way that kept patients safe and protected them from avoidable harm.
- We also found training updates relevant to the care provided, such as childhood immunisations and cervical screening updates, had been undertaken by the GP. Systems had also been put in place to ensure training was kept up to date in future.

## **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 advisor.

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## Background to Beacon Medical Services

Beacon Medical Services is an independent provider of GP services and offers a range of services to all patients. 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.

We reviewed the improvements made in the following key question:

- Is it safe?

This question therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

At the inspection in June 2019 we rated safe as Requires Improvement because:

- Systems to establish patient's 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 were not effective.
- Prescribing was not monitored against best practice guidance.

At the inspection in March 2020 we found these areas had been satisfactorily addressed.

## Safety systems and processes

### The service had clear systems to keep people safe and safeguarded from abuse.

At the June 2019 inspection we found:

- 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. At the March 2020 inspection we found the practice had developed new patient forms which included prompts for checking a patient's identification and parental authority. We observed the forms had been implemented and relevant information had been recorded.
- 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 been undertaken in February 2016. At the March 2020 inspection we found the GP had undertaken refresher training since our last inspection.
- 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. At the March 2020 inspection we found the staff member had undertaken on line chaperone training relevant to a clinical setting whilst waiting for a suitable face to face course.

- There was a system to manage infection prevention and control (IPC). However, we observed the trolley in the treatment area, due to the design, may not be able to be effectively cleaned, 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 but not reviewed when due. At the March 2020 inspection we observed a new easy to clean trolley had been purchased, improved systems for use of the hand washing sink had been implemented and a paper towel dispenser provided. The legionella risk assessment had been reviewed and diary reminders for audits and health and safety checks had been put in place. The IPC audit had been reviewed on 23 January 2020 and there was evidence a new couch had been ordered as a result. The practice had also put systems in place, in line with recent government IPC guidance, to protect patients and staff.
- 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. At the March 2020 inspection we observed records were maintained of weekly checks for medicines and equipment.
- Oxygen was not provided, this had not been risk assessed in line with the Resuscitation Council UK guidelines. At the March 2020 inspection a risk assessment had been undertaken to support the decision not to stock oxygen on the premises. We also observed basic life support including defibrillator and anaphylaxis training had been completed in November 2019 by the GP and practice manager.

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

At the June 2019 inspection we found:

- The service did not have a system in place to retain medical records in line with Department of Health and

# Are services safe?

Social Care (DHSC) guidance if they ceased trading. At the March 2020 inspection the provider was able to describe the process they decided upon in these circumstances.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

At the June 2019 inspection we found:

- 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. The records from the data logger did not show any temperatures outside the recommended parameters. Records showed the equipment used for monitoring the temperature had been calibrated annually. Following the June 2019 inspection, the provider purchased a new fridge thermometer, completed a risk assessment and provided CQC with 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. At the March 2020 inspection we observed the new thermometer was in place and the records showed temperatures had been maintained within the recommended range.

- The hand-written records for the vaccine fridge temperatures did not include maximum and minimum temperatures, or the action taken when the temperature was recorded as outside the recommended range. At the March 2020 inspection we observed the records to be more detailed.
- 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. At the March 2020 inspection we found the GP had undertaken an audit of antibiotics prescribing since the last inspection against local CCG guidelines and this showed compliance with guidelines in 75% of cases. The GP had reviewed prescribing decisions in the other cases and had recorded the reasons for not meeting CCG guidance in these cases and was considering a further review of this area in future.

## Lessons learned and improvements made

### The service learned and made improvements when there were unexpected or unintended safety incidents:

At the June 2019 inspection we found:

- 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. At the March 2020 inspection we found improved systems to ensure they received alerts and a log of alerts received.