

# Bethany Medical Centre

## Inspection report


151 Grafton Street  
St Helens  
Merseyside  
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Date of inspection visit: 16/10/2019  
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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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced focused inspection at Bethany Medical Centre on 16 October 2019. We carried out an inspection of this service due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions:

- Safe
- Effective
- Well Led

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 have rated this practice as Requires Improvement overall and Requires Improvement for all population groups.**

We rated the practice as **requires improvement** for providing safe services because:

- The system for ensuring that all the required documentation to demonstrate safe recruitment and on-going staff suitability was not comprehensive.
- The systems for ensuring the premises and equipment were safe for use were not comprehensive.

We rated the practice as **requires improvement** for providing effective services because:

- The system for ensuring staff training was not comprehensive.

This rating for providing effective services has resulted in the population groups for effective also being rated as requires improvement.

We rated the practice as **Good** for providing well-led services because:

- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance.

- Staff worked together and with other organisations to deliver effective care and treatment.
- There was good communication between staff and staff told us they felt well supported.
- The practice sought the views of patients and staff and acted on them.
- There was a focus on continuous improvement.

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

- Systems and processes must be in place to ensure specified information is available regarding each person employed.
- Ensure all premises and equipment used by the service provider are fit for use.
- Ensure all staff receive training to promote safe working practices and patient safety.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements:

- Update the safeguarding policies and procedures to include the range of abuse that patients could potentially experience.
- The practice should consider obtaining a paediatric pulse oximeter.
- Review the system to monitor safety alerts.
- Formalise the system for reviewing the practise of clinical staff to ensure consultations, referrals and prescribing are appropriate.
- Provide formal training to non-clinical staff in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).
- Introduce a comprehensive programme of quality improvement to ensure a more planned approach driven by external influences and practice learning needs.
- Make a record of practice meetings.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Bethany Medical Centre

Bethany Medical Centre is located at 151 Grafton Street, St Helens, Merseyside. The provider is Bethany Medical Centre who is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Bethany Medical Centre is situated within the NHS St Helens Clinical Commissioning Group (CCG) and provides services to approximately 4,091 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Bethany Medical Centre is operated by two GP partners. There is an advanced nurse practitioner and a practice nurse who has recently completed their prescribing training. The practice is supported by reception and

administrative staff and a practice manager. There are currently vacancies for a receptionist and a reception manager. The practice hosts medical students from the University of Liverpool and hosts student nurses and midwives.

The National General Practice Profile states that 98% of the practice population is from a white background. Information published by Public Health England, rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The majority of patients are within the aged 15 – 44 age group. Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  
**The systems for ensuring the premises and equipment were fit for use were not comprehensive.**

#### Regulated activity

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**The system for ensuring staff training was not comprehensive.**

#### Regulated activity

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

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  
**The provider had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.**