

The Bethesda 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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at The Bethesda Medical Centre on 23 February 2022. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Good

Caring – Not inspected

Responsive – Inspected but not rated

Well-led - Requires Improvement

Following our previous inspection on 2 November 2015, the practice was rated Good overall and for all key questions except for Effective which was rated Outstanding.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for The Bethesda Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a focused comprehensive which focused on the Safe, Effective and Well-Led key questions. We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Kent and Medway. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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:

- Conducting staff interviews using video conferencing .
- 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.
- Requesting evidence from the provider.
- A short site visit.
- A staff questionnaire.

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 have rated this practice as Requires Improvement overall

We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Patient views were acted on to improve services.
- Staff felt supported by their managers and that their well-being was prioritised.
- Staff had the training and skills required for their role.

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

- Audits of infection prevention and control were not sufficient.
- Vaccines were not always appropriately stored and monitored in line with national guidance to ensure they remained safe and effective.
- The practice did not have an effective system for monitoring significant events and ensuring that actions to improve safety had been implemented.
- Blank prescriptions were not kept securely, and their use monitored in line with national guidance.

We rated the practice as requires improvement for providing well-led services because:

- Leaders lacked oversight of some processes and therefore failed to identify risks when those processes did not operate as intended.

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

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

In addition, the provider **should**:

- Maintain an up to date safeguarding register.
- Ensure records are kept of monthly checks of emergency equipment.
- Ensure patients with long term conditions receive up to date monitoring, in particular those with hypothyroidism and chronic kidney disease.
- Improve childhood immunisation rates so that the minimum 90% target is met for all five indicators.
- Improve cervical screening rates so that the Public Health England 80% coverage target is met.
- Develop a formal programme of targeted audit and quality improvements.
- Continue to review patient access and ease of getting through on the phone.
- Consider holding practice meetings that include all staff.
- Consider holding multi-professional meetings to aid communication and enable the sharing of good practice.

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist advisor (SpA). The GP SpA conducted remote clinical searches on the practice's patient records system and conducted an interview with the lead GP using video conferencing. The lead inspector and second inspector conducted staff interviews using video conferencing and undertook a site visit.

Background to The Bethesda Medical Centre

The Bethesda Medical Centre is in Margate at:

Palm Bay Avenue

Cliftonville

Margate

Kent CT9 3NR

The practice is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury, family planning and surgical procedures.

The practice is situated within the Kent and Medway Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 19,600. This is part of a contract held with NHS England.

The practice is part of a wider group of four GP practices who form the Margate primary care network.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 94% white, 2 % Asian, 1% black 2% mixed and 1% other.

The age distribution of the practice population closely mirrors the local and national averages.

There are four GP partners and five salaried GPs (male and female). There is a medical director who is the registered manager (non-partner). The practice has an acute care team which comprises two paramedic practitioners (one with prescribing), two nurse practitioners (one with prescribing) and a paediatric nurse practitioner. There is a practice nurse team comprising six practice nurses and five healthcare assistants. There is a clinical pharmacist. The practice also has a team of care co-ordinators comprising of three frailty co-ordinators, one community health co-ordinator and a social prescribing link worker. There are three mental health nurses that are employed via the primary care network. There is a team of administration and reception staff led by the practice manager.

Extended access is provided by the practice, where late evening and weekend appointments are available. Patients requiring a GP outside of normal working hours are advised to contact the NHS 111 service where they will be given advice or directed to the most appropriate service for their medical need.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice did not ensure the safe and proper management of medicines. In particular:</p> <ul style="list-style-type: none">• Medicines and vaccines were not always appropriately stored and monitored in line with national guidance to ensure they remained safe and effective.• The practice did not have effective processes for monitoring patients' health in relation to the use of some medicines.• Blank prescriptions were not kept securely, and their use monitored in line with national guidance. <p>The practice did not have effective arrangements for assessing the risk of, and preventing, detecting and controlling the spread of, infections. In particular, audits of infection prevention and control were not sufficiently detailed.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes for monitoring the service were not always effective. In particular:</p> <ul style="list-style-type: none">• Systems for recording, acting on and sharing the lessons from complaints and significant events were not sufficient.• Practice policies were not always comprehensive, accurate and up to date. They were not always implemented effectively.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.