

# Benchill Medical Practice

## Quality 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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Benchill Medical Practice on 2 July 2015.

At the inspection in July 2015 the overall rating for the practice was good, although the key question Safe was rated requires improvement. This was specifically in relation to staff recruitment and arrangements for staff acting as chaperone. We found that none of the three staff files we looked at contained any written references. Not all non-clinical staff eligible to carry out chaperoning duties had undergone a Disclosure and Barring Service (DBS) check.

The full comprehensive report on the July 2015 inspection can be found by selecting the 'all reports' link for Benchill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on the 24 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the one breach in regulation that we identified in our previous inspection on 2 July 2015. This report covers our findings in relation to that requirement. We also

requested information for this desk top review about any progress the practice may have undertaken in responding to the areas we identified previously where the provider should take action.

Overall the practice is rated as good

Our key findings were as follows:

At our previous inspection in July 2015 we found that;

- Not all non-clinical staff eligible to carry out chaperoning duties had undergone a Disclosure and Barring Service (DBS) check. No risk assessment had been conducted to assess the chaperoning responsibilities and activities of non-clinical staff to determine if they were eligible for a DBS check and to what level.
- The three staff files we looked at contained any written references.
- The provider should develop clinical audit further to enhance their existing systems to improve patient care and outcomes.
- Records of significant events should detail what actions had been taken and how any improvements identified/made were monitored to ensure they were sustained.

# Summary of findings

We requested information for this desk top review about any progress the practice may have undertaken in responding to the areas we identified previously where the provider should take action. At this review we saw evidence that:

- The practice were able to demonstrate how they had improved systems to ensure lessons were learned from significant events and complaints received.

- The practice told us what action they had taken to improve and develop the clinical audit system to improve patient care.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services.

The practice had implemented systems to ensure that they were operating an effective recruitment and selection procedure. This included obtaining the required information and ensuring relevant checks were carried out (and evidenced) prior to the recruitment of new staff. Staff acting as chaperone had a disclosure and barring service (DBS) check in place and the chaperone policy had been updated.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety at our desk-based focused inspection on 24 April 2017. The concerns identified previously applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at: all reports' link for Benchill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). for every group.

Good



### People with long term conditions

The provider had resolved the concerns for safety at our desk-based focused inspection on 24 April 2017. The concerns identified previously applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at: all reports' link for Benchill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). for every group.

Good



### Families, children and young people

The provider had resolved the concerns for safety at our desk-based focused inspection on 24 April 2017. The concerns identified previously applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at: all reports' link for Benchill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). for every group.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety at our desk-based focused inspection on 24 April 2017. The concerns identified previously applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at: all reports' link for Benchill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). for every group.

Good



# Summary of findings

## **People whose circumstances may make them vulnerable**

The provider had resolved the concerns for safety at our desk-based focused inspection on 24 April 2017. The concerns identified previously applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at: all reports' link for Benchill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). for every group.

Good



## **People experiencing poor mental health (including people with dementia)**

The provider had resolved the concerns for safety at our desk-based focused inspection on 24 April 2017. The concerns identified previously applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at: all reports' link for Benchill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). for every group.

Good



# Benchill Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector reviewed and analysed the documentation submitted to us by the practice.

## Background to Benchill Medical Practice

Benchill Medical Practice serves a residential area located in the Benchill area of South Manchester. At the time of this inspection we were informed about 9,660 patients were registered with the practice.

The practice population experiences much higher levels of income deprivation than the practice average across England. The practice has a lower proportion of patients above 65 years of age 11% in comparison to the national average of 17%. The practice has a higher proportion of patients under 18 years of age 26% with the national average at 21%. 52% of the practice's patients have a longstanding medical condition compared to the national average of 54%.

At the time of our inspection five GPs were providing primary medical services to patients registered at the practice. The GPs were supported in providing clinical services by three practice nurses and two health care assistants. The clinical staff were supported by the practice manager and the other 13 members of the practice team.

Benchill Medical Practice is accredited by the North Western Deanery of Postgraduate Medical Education as a GP Training Practice, providing post graduate training and experience for two qualified doctors who are training to become GPs.

The practice contracts with NHS England to provide General Medical Services (GMS) to the patients registered with the practice.

The opening times of the practice are:

08.00 – 19.30 Monday and Thursday.

08.00 – 18.00 Tuesday.

08.00 – 18.00 Wednesday and Friday.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours service (Go To Doc). The practice website provides patients with details of how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

## Why we carried out this inspection

We undertook a comprehensive inspection of Benchill Medical Practice on 2 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, although the key question safe was rated as requires improvement. The full comprehensive report following the inspection on 2 July 2015 can be found by selecting the 'all reports' link for Benchill Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk based focused inspection of Benchill Medical Practice on 24 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of Benchill Medical Practice on 24 April 2017. This involved reviewing the following evidence:

- Copies of references for newly employed staff
- Amended chaperone policy.

Evidence of disclosure and barring service (DBS) checks for each member of staff responsible for chaperoning in the practice.



# Are services safe?

## Our findings

At our previous inspection on 2 July 2015, we rated the practice as requires improvement for providing safe services. This was because the arrangements in respect of staffing and recruitment. We found the practice did not maintain appropriate records to demonstrate that appropriate recruitment safety checks such as references and disclosure and barring service (DBS) checks had been obtained for all staff. The disclosure and barring service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

These arrangements had significantly improved when we undertook a follow up desk top review on 24 April 2017. The practice is now rated as good for providing safe services.

### **Overview of safety systems and process**

The practice submitted an action plan with timescales detailing how they intended to improve their staff recruitment process. The practice submitted evidence to demonstrate that all staff responsible for undertaking chaperone duties had a DBS check in place. In addition we saw documentary evidence that two written references had been obtained for the two most recently appointed members of staff. The practice had amended the chaperone policy to show that a DBS check will be carried out for all staff responsible for chaperoning.