

The Bethesda Medical Centre

Quality Report

Palm Bay Avenue Cliftonville Margate Kent. CT9 3NR Tel: 01843 209300 Website: www.bethesdamc.co.uk

Date of inspection visit: 2 November 2015 Date of publication: 26/11/2015

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 The Bethesda Medical Centre on the 17 February 2015. A breach of the legal requirements was found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breach.

We undertook this focused inspection on the 2 November 2015, to check that the practice had followed their plan

and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Bethesda Medical Centre on our website at www.cqc.org.uk.

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?

At our previous comprehensive inspection on the 17 February 2015 the practice had been rated as requires improvement for providing safe services. The practice had been unable to demonstrate that they met the requirements in relation to the criminal record checks undertaken for staff employed at the practice through the Disclosure and Barring Service (DBS). Some of the staff who undertook chaperone duties had not undergone DBS checks and the practice had not completed a risk assessment to consider the risks of not doing so.

At our focused follow-up inspection on the 2 November 2015, the practice provided records and information to demonstrate that the requirements had been met. This included a process to undertake DBS checks for all staff who undertook chaperone duties.

Good





The Bethesda Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a lead CQC inspector.

Background to The Bethesda Medical Centre

The Bethesda Medical Centre provides medical care from 8.30am to 6.30pm each week day and operates extended opening hours from 7am on Friday mornings, and until 8pm on Wednesday evenings, as well as 8am until 10am on Saturday mornings. The practice is situated in the coastal town of Cliftonville, near Margate in Thanet, Kent and provides a service to approximately 15,400 patients in the locality.

Routine health care and other clinical services are offered at the practice, led and provided by the GPs and nursing team. There are a range of patient population groups that use the practice, including a large number of Eastern European immigrants within the community. The practice has more patients in the newly retired population age group than the national average and there are also a higher number of older patients when compared to the national average. The number of patients in all age groups recognised as suffering deprivation is significantly higher than both the local and national averages and Thanet is considered to be an area of significant deprivation, with many disadvantaged families, and people experiencing drug / alcohol and mental health problems.

The practice has five GP partners, one female and four male and four salaried GPs, two of whom are female. There

are four female practice nurses, and three female health care assistants. There are a number of administration, secretarial and reception staff, as well as housekeeping staff, and a practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (the 111 service/IC24) to deliver services to patients when the practice is closed. The practice has a personal medical services (PMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

The Bethesda Medical Centre

Palm Bay Avenue

Cliftonville

Margate

Kent.

CT9 3NR

Why we carried out this inspection

We undertook an announced focused inspection of The Bethesda Medical Centre on 2 November 2015. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 17 February 2015.

We inspected the practice against one of the five questions we ask about services: is the service safe. This is because the service was not meeting one of the legal requirements in relation to this question.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice, that told us how the breach identified during the

comprehensive inspection had been addressed. We carried out an announced visit on 2 November 2015. During our visit we spoke with the practice manager, and reviewed information, documents and records kept at the practice.



Are services safe?

Our findings

Staffing and recruitment

The practice had implemented a process for carrying out criminal record checks via the Disclosure and Barring Service (DBS) for all staff who undertook chaperone duties, including administration staff. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure).

The practice had reviewed and updated its chaperone policy to reflect these arrangements and the policy also included details about the specific training staff were required to complete before they were able to undertake chaperone duties. This was also included in the induction training programme for new staff and the practice's training plan had been updated to reflect the chaperone training undertaken by all staff.

Records showed that the revised policy had been discussed and agreed with the practice partners and the revised process shared with staff. Staff had signed to confirm they had read and were aware of the updated policy and the chaperone arrangements within the practice.

The staff files examined during the inspection contained records of the DBS checks undertaken by the practice. A list of named staff had been drawn up to identify those administration staff who had undergone DBS checks and received appropriate training and were therefore available to carry out chaperone duties.