

Mandalay Medical Centre

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

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 Mandalay Medical Centre Health Centre on 4 November 2016. The overall rating for the practice was good, with a rating of requires improvement in the safe domain. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Mandalay Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 4 November 2016. This report covers our findings in relation to those requirements.

Overall the practice is rated as good. The rating for the safe domain remains requires improvement.

Our key findings were as follows:

- There was a robust recruitment process and all required information for staff was held.

- Staff had been informed of the procedure to follow when chaperoning patients.
- Staff had an appraisal within the last 12 months.
- A health and safety and fire safety risk assessment had been carried out and all required checks were regularly performed.
- Arrangements were ongoing for staff to receive face to face fire safety training.
- No fire drill had ever taken place at the practice.
- Although regular legionella checks were carried out these were not for all required water outlets and advice or action had not been taken when water was below the minimum safe temperature.

The area of practice where the provider needs to make improvements is:

- The provider must ensure care and treatment is provided in a safe way to patients.

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 requires improvement for providing safe services.

- Legionella checks were carried out, but not for all the water outlets highlighted in the legionella risk assessment. In addition no action had been taken when the recorded water temperature was consistently below the safe temperature recommendations. Following the inspection the practice took advice about their water temperature readings and were told when action must be taken.
- Staff had been trained on the procedure to follow when chaperoning patients.
- Regular fire and health and safety checks were carried out, and risk assessments had been completed.
- No fire drill had ever taken place at the practice.
- Staff had received on-line fire training and face to face training was being arranged.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website. <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website. <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website. <http://www.cqc.org.uk/search/services/doctors-gps>

On this inspection we reviewed evidence to demonstrate how they had improved some of their practices in relation to the key question responsive since the last inspection.

Good



Summary of findings

- Appraisals had been carried out for staff.

Are services well-led?

The practice is rated as good for being well-led.

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website. <http://www.cqc.org.uk/search/services/doctors-gps>

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 practice is rated as good for the care of older people.

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website.<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website.<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website.<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website.<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website.<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

This rating was given following the comprehensive inspection 4 November 2016. A copy of the full report following this inspection is available on our website.<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure care and treatment is provided in a safe way to patients.

Mandalay Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector inspected the practice.

Background to Mandalay Medical Centre

Mandalay Medical Centre is located on a main road in a converted extended house in the Sharples area of Bolton. It is a two storey building and all patient consulting areas are on the ground floor. There is a car park at the back of the practice.

There are four GP partners (three male and one female) and two salaried GPs (both female). There are three practice nurses and a phlebotomist. They are supported by a practice manager, and administrative and reception staff.

The practice is usually open from 8am until 6.30pm. There is extended opening until 8pm on Mondays and Wednesdays and from 7.30am on Fridays. Surgeries are usually from opening time until 12 noon and from 2.30pm until closing time. However, there is flexibility within these times to suit the needs of patients.

At the time of our inspection approximately 9500 patients were registered with the practice. It is a member of Bolton clinical commissioning group (CCG) and has a Personal Medical Services (PMS) contract with NHS England.

The practice has an above average percentage of patients in the 49 to 69 age group and below average in the 0 to 14 and 20 to 39 age groups.

Life expectancy is above the clinical commissioning group (CCG) and national average. Life expectancy for males is 81 years (CCG average 77 years, national average 79 years), and for females it is 83 years (CCG average 81 years, national average 83 years).

The practice is in one of the least deprived areas of Bolton. The percentage of patients who are unemployed or have a long term health condition is slightly below the CCG and national average.

Why we carried out this inspection

We undertook a comprehensive inspection of Mandalay Medical Centre 4 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with the safe domain being rated as requires improvement. The full comprehensive report following the inspection in November 2016 can be found by selecting the 'all reports' link for Mandalay Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Mandalay Medical Centre on 10 August 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 in respect of providing safe services.

Detailed findings

How we carried out this inspection

Following the inspection on 4 November 2016 the practice supplied an action plan telling us how they would ensure they met the requirements of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.

We carried out an announced visit on 10 August 2017. A CQC inspector reviewed and analysed the evidence provided by the practice and made an assessment of this against the regulations.

Are services safe?

Our findings

At our previous inspection on 4 November 2016, we rated the practice as requires improvement for providing safe services. There was no fire or health and safety risk assessment or related checks, not all required recruitment checks took place, some medical devices were past their expiry dates and not all staff were familiar with chaperone procedures.

Not all these arrangements had improved when we undertook a follow up inspection on 10 August 2017 and the practice is still rated as requires improvement for providing safe services.

Overview of safety systems and process

We reviewed the personnel files for the five staff who had been recruited since the previous inspection. All the required pre-employment checks had been carried out. These included evidence of identity, a full employment history, references, and Disclosure and Barring Service (DBS) checks where appropriate. Evidence of clinical staff being registered with the appropriate professional body was also kept.

Monitoring risks to patients

Staff had completed on-line fire safety training. The practice manager told us face to face fire training had been arranged with Bolton NHS Foundation Trust, firstly for November 2016 but the Trust cancelled this more than once. They told us that if the Trust had not provided a new date for training by the end of September 2017 they would arrange it with another company, and they had already obtained a quote for this.

A fire risk assessment had been carried out in January 2017. This stated that fire drills would be carried out at appropriate intervals and records were kept. The practice manager told us they had not yet had a fire drill and this would be arranged when the face to face fire safety training had been completed.

The practice had put in place procedures to monitor health and safety within the practice. Records were kept of all checks carried out.

At the time of the previous inspection a legionella risk assessment had been carried out but checks were not in place as the company who carried out the risk assessment were going to information on how to complete these processes. We saw evidence that checks had been taking place and recorded since December 2016. However the risk assessment identified three sentinel points that should be monitored monthly (the staff kitchen, the patients' toilet and room one). No checks had been carried out on the water outlet in room one and the practice manager told us they believed the risk assessment was incorrect. Monthly temperature checks were carried out at the other two points. The record sheets, provided by the company, clearly stated that sentinel hot water should be a minimum of 50°C. Since December 2016 checks showed the highest temperature recorded for one outlet was 43.4°C, and it went as low as 41.1°C. No action had been taken. The practice manager told us the company had informed them the temperature was okay if it was within 'a few degrees' of 50°C. The legionella risk assessment, carried out in September 2016, had highlighted that there was no procedure in place setting out what to do if temperature control measures were not consistently achieved.

Following the inspection the practice sent us information that had been provided by the company who carried out the legionella risk assessment. It was confirmed that checks should have been completed on the water outlet in room one. It also informed the practice when they should take further action following their water temperature checks.

During the previous inspection out of date medical devices were found in a clinical room. The practice had a process in place now to ensure all out of date devices were correctly disposed of.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused inspection of the overview of safety systems and processes within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused inspection of the overview of safety systems and processes within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused inspection of the overview of safety systems and processes within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Please note this is a focused inspection of the overview of safety systems and processes within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

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 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, legionella checks were not carried out on all water outlets identified by the legionella risk assessment and no advice or action had been taken when water was below the safe temperature. Also no fire drill had ever taken place. Regulation 12 (1)