

# 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?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary

Page

2

### Detailed findings from this inspection

Our inspection team

3

Background to Mandalay Medical Centre

3

Why we carried out this inspection

3

Detailed findings

4

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mandalay Medical 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](http://www.cqc.org.uk).

We then carried out an announced focused inspection 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. In this inspection we found that some improvements had been made but we identified areas that needed further improvement. The full comprehensive report on the August 2017 inspection can be found by selecting the 'all reports' link for Mandalay Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk based review to confirm the practice had made the required improvements from the previous inspection.

Overall the practice is now rated as good in all domains.

Our key findings were as follows:

- Legionella checks were carried out on water outlets set out in the legionella risk assessment. The practice had taken action to ensure themselves that the temperatures recorded were acceptable.
- Fire drills were now being carried out by the practice and documented. All staff had received fire safety awareness training.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Mandalay Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector reviewed the information sent in by the provider.

## 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.

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.

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

## Why we carried out this inspection

We undertook a follow up desk-based focused inspection of Mandalay Medical Centre on 21 December 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.

# Are services safe?

## Our findings

**At our previous inspection on 10 August 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of legionella monitoring and a lack of fire drills.**

**These arrangements had significantly improved when we undertook a follow up desk based inspection on 21 December 2017. The practice is now rated as good for providing safe services.**

### Risks to patients

- Legionella checks were carried out on water outlets set out in the legionella risk assessment. This involved

monitoring the water temperature at certain tap outlets. The practice had recorded that some of the water temperature readings were below the recommended limits set out in the risk assessment, but the practice had taken action to ensure themselves that the temperatures recorded were acceptable. The practice also had a legionella policy in place which set out who the responsible person was and what actions needed to be taken.

- Fire drills were now being carried out by the practice and documented. All staff had received fire safety awareness training and we saw training certificates to confirm this.