

Bridgemary Medical Centre

Inspection report


The Bridgemary Medical Centre
2 Gregson Avenue, Bridgemary
Gosport
Hampshire
PO13 0HR






Date of inspection visit: 24 June 2019
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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

Inadequate 

Are services safe?	Good 
Are services effective?	Inadequate 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We undertook an inspection of this service due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: Effective and Well led. We did not inspect safe, caring or responsive key questions as part of this inspection.

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 Inadequate overall. During our previous inspection we rated safe, responsive and caring as Good. During this inspection we rated effective and well led as Inadequate.

We rated the practice as Inadequate for providing effective and well led services because:

- Patients' needs were not assessed, and care and treatment was not delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- The overall governance arrangements were ineffective.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

We rated all population groups as **Inadequate** because:

- Care and treatment was not delivered in line with current legislations, standards and evidence based guidance and this affected all population groups.
- The practice was unable to demonstrate that staff had the appropriate skills to carry out their roles and this affected all populations groups.
- There was high exception reporting for diabetes indicators in the Quality and Outcomes Framework (QOF) and actions had not been taken to reduce the number of exceptions.
- The practice did not have advanced care plans in place.

The areas where the provider **must** make improvements are:

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

The areas where the provider **should** make improvements are:

- Review the system for monitoring oversight of staff training records.
- Determine systems to monitor and follow up patients with poor mental health or dementia who failed to collect their repeat prescriptions.
- Create advanced care plans for patients who are vulnerable or nearing the end of their life.
- Increase the number of two cycle clinical audits, especially those in relation to the improvement of clinical care.
- Improve cervical screening uptake.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months of publication of the report. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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 General Practice

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a shadow GP specialist advisor.

Background to Bridgemary Medical Centre

Bridgemary medical centre is located at 2 Gregson Avenue, Gosport, PO13 0HR.

The practice provides services under a general medical services contract. The practice has approximately 8,700 registered patients. The population includes an area of high deprivation. The practice is part of the NHS Fareham and Gosport Clinical Commissioning Group.

The practice is registered with the Care Quality Commission to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice's clinical team consists of five GP partners, three practice nurses, one health care assistant and a clinical pharmacist. The administration team is led by a practice manager and consists of an operations manager and 11 administrators or receptionists.

The practice has opted out of providing an out-of-hours service. Patients had access to an extended hours service provided by a local federation when the surgery was closed.

You can access practice information online at www.bridgemarymedicalcentre.co.uk.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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>The practice had not ensured that care and treatment was provided in a safe way for patients by assessing risks in relation to the health and safety of patients and doing all that is reasonably practicable to mitigate such risks.</p> <p>How the regulation was not being met:</p> <p>In particular we found:</p> <p>The practice approach for significant events was not consistently safe and effective, to promote recording, investigation and learning from significant events. This was in breach of Regulation 12(2)(a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

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 or processes must enable the registered person to assess, monitor and improve the quality and safety of services and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider failed to ensure that they consistently complied with standards and evidence-based guidance supported by clear pathways and tools. The practice were unable to demonstrate they were following national guidance, or an agreed formal recorded alternative approach.• The provider did not ensure that all GPs understood the sepsis policy and were following it. The provider could not demonstrate that GPs had received training in sepsis.• There were limited systems in place to ensure quality and safety of care and oversight of clinical governance.• The provider could not demonstrate oversight of policies and procedures relating to clinical governance.• A failure to monitor patient outcomes in relation to Quality Outcomes Framework (QOF) in relation to consistently high exception reporting. Limited action was taken to reduce the exceptions and improve patient care.• There was no evidence to demonstrate that GPs were complying with the PREVENT duty.• The system for oversight of staff training records was ineffective and inaccurate.• There was no policy in place to identify the process for reporting and monitoring of significant events. <p>This was in breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>