

# Bridgemary Medical Centre

## Inspection report

The Bridgemary Medical Centre  
2 Gregson Avenue, Bridgemary  
Gosport  
Hampshire  
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[www.bridgemarymedicalcentre.co.uk](http://www.bridgemarymedicalcentre.co.uk)

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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?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at Bridgemary Medical Centre on 30 January 2020. We previously inspected the practice on 24 June 2019 and rated Bridgemary Medical Centre as inadequate overall. The practice was placed into special measures. This inspection was within six months of the previous inspection and was to determine whether the practice had made sufficient improvements to come out of special measures or whether further action was needed by CQC to close the practice.

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 the practice as inadequate overall. During this inspection we rated safe as requires improvement, effective and well led as inadequate and caring and responsive as good.**

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

- Systems and processes were not in place to address issues identified at our June 2019 inspection.
- There were gaps in systems and processes which meant that new issues were identified at this inspection.
- The practice continued to have no programme of clinical audit designed to improve outcomes for patients (other than medicines management audits carried out by the clinical pharmacist).
- New systems and processes were not embedded for long term sustainable improvement.
- There continued to be significant gaps in care planning for patients with a learning disability or dementia.
- The practice had failed to take action to reduce exception reporting.

We rated the practice as Requires Improvement for providing safe care because:

- The practice did not have systems and processes in place to prevent and control infection.

We rated the practice as Good for providing caring and responsive care because:

- Staff treated patients with kindness, respect and compassion.
- Complaints were listened and responded to and used to improve the quality of care.

## **We have rated the population groups as follows:**

We rated the population groups for people with long term conditions, older people and people whose circumstances make them vulnerable as **Inadequate** because:

- 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 use a clinical tool to identify older patients who were living with moderate or severe frailty and then carry out an assessment of their physical, mental and social needs.
- There were gaps in care planning for patients with a learning disability.
- The practice did not have advanced care plans in place for patients who were vulnerable or nearing the end of their life.

We rated working age people and people experiencing poor mental health as **Requires Improvement** because:

- The practice had not met cervical screening targets and did not have actions in place to address these.
- There were gaps in care planning for patients with dementia.

We rated families, children and young people as good because:

- The practice has met the minimum 90% target for four of four childhood immunisation uptake indicators.

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:

- Develop advanced care plans for patients who are vulnerable or nearing the end of their life.

# Overall summary

- Improve the number of clinical audits, especially those in relation to the improvement of clinical care.
- Improve cervical screening uptake.
- Improve availability of information leaflets in respect of long term conditions in other languages to support patients.

I am returning this service to 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 MRCGPChief  
Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and included another CQC inspector and a 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 four GP partners, an advanced nurse practitioner, 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 administrators and 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](http://www.bridgemarymedicalcentre.co.uk).

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><b>How the regulation was not being met:</b></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> <ul style="list-style-type: none"><li>• A continuing 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.</li><li>• Gaps in care planning for vulnerable groups.</li><li>• A failure to monitor the risks in relation to legionella and follow the practice's own policy.</li><li>• A failure to manage the risks associated with infection control.</li><li>• A lack of succession planning to address known risks to the practice.</li></ul> <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>