

Bridgemary Medical Centre

Inspection report

The Bridgemary Medical Centre
2 Gregson Avenue, Bridgemary
Gosport
PO13 0HR
Tel: 01329232446
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	Good	
Are services safe?	Good	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

We undertook an announced comprehensive inspection on 2 December 2020 including virtual inspection activity from 30 November to 2 December 2020.

At our previous inspection in January 2020, we found significant concerns, some of which we had also found during our previous inspection visit in June 2019. This led to a rating of inadequate and the practice being placed into special measures.

This inspection was a comprehensive follow up inspection. Due to the COVID 19 pandemic, we amended our methodology to undertake the inspection partially onsite, and wherever possible, virtually. We also changed our methodology to reduce the burden on General Practice, and as such we did not obtain evidence where we had evidence from alternative sources, where no risk was identified at a previous inspection and it was proportionate not to obtain new evidence.

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 good overall. Specifically, we found the practice to be good for safe, caring, responsive and well led services, and requires improvement for effective. The long-term conditions, working age patients and vulnerable people population groups have been rated as requires improvement, with all the other population groups rated as good.

We rated the practice as good for providing safe, caring, responsive and well led services because:

- Improvements to risk identification and management had been made.
- The premises were clean and risks associated with the premises had been identified and managed.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff treated patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- There had been an improvement to the culture and leadership within the practice enabling better strategic planning and governance.
- Patients found staff and services were provided in a caring way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

We rated the practice as requires improvement for providing effective services because:

- Quality and outcome framework (QOF) deductions (known as personal care adjustments - PCAs) had improved for most QOF indicators. However, there was still a high number of PCAs for several of the diabetes indicators for the period April 2019 to March 2020.
- Patient uptake rates for cervical screening were 69.5% in June 2020, which was worse than the national target of 80% and lower than the practice's previous uptake data.
- Not all the patients on the learning disability register had received an annual health check, although there had been some improvement in the number of these carried out since the last inspection.
- However, the practice had commenced a programme of quality improvement activity and had focused on areas of practice that required improvement.

Overall summary

Whilst we found no breaches of the regulations, the provider **should**:

- Review the overarching fire risk assessment.
- Review employment checks to ensure consistency for non-clinical and clinical staff.
- Improve the clinical outcomes for patients on the diabetes register, including the decisions to exclude them under a personalised care adjustment.
- Continue to encourage patients on the learning disability register to attend for their annual health check and improve uptake rates.
- Review recall processes and engagement with eligible patients, to improve the uptake of cervical screening rates.
- Develop a protocol for the prioritisation and assessment of patients through the total triage system, including a list of red flags requiring urgent treatment. Include staff training and updates for changes, where appropriate.
- Offer training to staff so they understand the importance of using translation services for patients who speak limited English, rather than a family member or carer.
- Develop a process for identifying the needs of your local population, recognising the diversity of need for various vulnerable groups.
- Review the information staff offer patients when raising a complaint to ensure 'formal complaints' can also be taken verbally, in line with the practice policy.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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 Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

This inspection was carried out in three stages; A remote search of the practice computer records was undertaken by a CQC pharmacy inspector, a series of remote interviews were undertaken by two CQC inspectors and an onsite visit was led by a CQC inspector with the support of 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 9,000 registered patients. The population includes an area of high deprivation. Due to the closure of a nearby practice, the provider was registering a large number of patients at the time of the inspection.

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 three GP partners, an advanced nurse practitioner, four practice nurses and a clinical pharmacist. The administration team is led by a practice manager and consists of an operations manager, 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.