

Moredon Medical Centre

Inspection report

Moredon Road
Swindon
SN2 2JG
Tel: 01793342000

Date of inspection visit: 10 May 2022
Date of publication: 10/08/2022

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Moredon Medical Centre on 9 May 2022 (remote) and 10 May 2022 (on-site). Overall, the practice is rated as requires improvement.

Safe - Requires Improvement

Effective – Requires Improvement

Well-led – Requires Improvement

Following our previous inspection on 23 February 2021, the practice was rated Requires Improvement overall. The caring and responsive services were rated as Good:

The full reports for previous inspections can be found by selecting the 'all reports' link for Moredon Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a focused inspection to follow up on a requirement notices for the breach of Regulation 17: Good Governance, issued to the provider following our last inspection in February 2021. At this inspection we looked at the safe, effective and the well-led key questions.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Our findings

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 Requires Improvement overall

Overall summary

We have rated Safe, effective and Well Led as requires improvement, because we found:

- Staff were not always trained to appropriate levels for their role in safeguarding.
- Information contained in patient records was not always appropriate to ensure patients received care and treatment which met their needs.
- Staff did not always have the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).
- Systems to record and act on safety alerts were effective. However, historically missed alerts had not been reviewed.
- The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period was not met.
- Patients' needs and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Long term conditions were not always followed up in an appropriate timescale or after changes in treatment.
- The practice did not always follow up patients with long term conditions where any changes in treatment had occurred out of hours or whilst in hospital.
- The practice did not always demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Systems and processes still did not ensure that patients records were consistently accurate and kept up to date.
- The practice did not always involve the public, staff and external partners to sustain high quality and sustainable care.
- The overall governance systems were not always effective.

We found two breaches of regulations. The provider **must**:

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

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

- Implement a mechanism to increase patients being able to provide feedback and contribute to the development of the service.
- Continue to increase the uptake of cervical cancer screening for eligible patients.

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

Our inspection team

Our inspection team was led by a CQC lead inspector and a second inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews via video conferencing facilities.

Background to Moredon Medical Centre

The provider, Great Western Hospitals NHS Foundation Trust (hereafter referred to as The Trust), provides acute hospital services at the Great Western Hospital. On 28 November 2019, the Trust took over the running of Moredon Medical Centre which is located at:

Moredon Medical Centre

Moredon Road

Swindon

SN2 2JG

Moredon Medical Centre is based in Swindon, Wiltshire, and is one of 22 practices serving the NHS Swindon Clinical Commissioning Group (CCG) area. A staffed reception area is located on the ground floor, and the practice has consulting/treatment rooms on the ground and first floors. The practice provides services to around 12,176 registered patients. Moredon Medical Centre provides the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Family planning

The Trust's Chief Executive Officer is also the Registered Manager and Nominated Individual (the person responsible for supervising the management of the carrying on of the regulated activities). The management of the practice is overseen by the Trust's Deputy Divisional Director of Community and Primary Care Services and run locally by the Head of Operations and Primary Care Network Manager. The management team also consists a primary care clinical lead and a primary care head of nursing.

The practice is part of a wider network of GP practices, the Trust also provides another GP practice within Swindon and together these practices have formed a Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (5 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is, 91.0% White, 5.4% Asian 1.3% Black, 2.0% Mixed, and 0.3% Other.

There is a team of 9.15 full time equivalent GPs at the practice. The practice has a team of 8.89 full time equivalent nurses who provide nurse-led clinics for long-term condition. The GPs are supported at the practice by a team of reception/administration staff. The PCN operations manager and business support manager are based at this surgery but works between all the PCN surgeries.

Moredon Medical Centre is open Monday to Friday 8am to 6.30pm. They can also offer extended hour appointments from 7.30am to 8pm.

The practice offer a range of appointment types including book on the day, telephone consultations and advance appointments.

Outside of these times patients are directed to contact the out-of-hours service by using the NHS 111 Number.

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Not all staff were up to date or had completed safeguarding training for adult and/or children.• Staff did not always have the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).• Long term conditions were not always followed up in an appropriate timescale or after changes in treatment.• The practice did not always follow up patients with long-term conditions where any changes in treatment had occurred out of hours or whilst in hospital.• The practice did not always demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Systems and processes to ensure patient records were consistently updated with appropriate clinical coding and summarising of patient records were not effective.• There was not appropriate building security.• Systems to record and act on safety alerts were effective. However, historically missed alerts had not been reviewed.• Patients' needs and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>