

Moredon Medical Centre

Inspection report

Moredon Road
Swindon
Wiltshire
SN2 2JG
Tel: 01793 342000
www.moredonmedicalcentre.nhs.uk

Date of inspection visit: 09 November to 12
November
Date of publication: 14/01/2019

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?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Moredon Medical Centre on 9 and 12 November 2018, as part of our inspection programme. Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Our judgement of the quality of care at this service is based 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.

The practice is rated as **Inadequate overall**.

Moredon Medical Centre entered into a partnership arrangement with Integral Medical Holdings (IMH) in June 2018. Since August 2018, Moredon Medical Centre patients have raised concerns about the services provided in relation to delayed appointment access, difficulties telephoning the practice and delayed repeat prescriptions. Patients have also made contact with the local members of parliament, the media and Healthwatch to share their experiences. The practice leadership and management team have responded to these challenges, however patients and staff we spoke with on the day of inspection, reported that concerns remained. We found there has been insufficient management infrastructure and insufficient leadership capacity and capability. There are significant concerns regarding the lack of effective governance and oversight to ensure quality and safety are not compromised.

A Warning Notice regarding the breach of the Health and Social Care Act 2008, Regulation 17, Good Governance, was served on the practice.

We concluded that:

- People's needs were not being met by the way in which services were organised and delivered. Patients we spoke with reported significant difficulties with the appointment and telephone system and how they were not able to access care when they needed it.
- Staff did not have the information they needed to deliver safe care and treatment to patients. There was a lack of effective governance and oversight to ensure quality and safety.

We rated the practice as **inadequate** for providing safe and well-led services because:

- The delivery of high quality care was not assured by the leadership, governance and culture of the practice.
- There was no lead for safeguarding people from harm or the prevention and detection of infection.
- Patient referrals were not processed in a timely way.
- When incidents did happen, the practice did not consistently learn from them or improve their processes.
- The practice did not have a comprehensive programme of quality improvement activity and did not consistently review the effectiveness and appropriateness of the care provided.
- Some health and safety and risk management legal requirements were not met.
- Patients reported that the appointment system was not easy to use and that there were sometimes difficulties in accessing the practice by telephone. Repeat prescription requests were not always processed effectively, which led to delays in patients obtaining their medicines.
- Some staff did not receive appropriate support, training, professional development, supervision and appraisal.
- Staff records did not include all information relevant to their employment, and current and existing staff records were not recorded on the new IT system. The practice could not provide evidence that staff had received up to date vaccinations.
- Blank prescription pads were not stored securely at all times.
- Cancer screening and diagnosis rates were low compared to local and national averages.
- QOF scores for the percentage of patients experiencing mental health problems, who had a record of alcohol consumption, were low compared to local and national averages.
- The practice did not have clear and effective processes for managing risks, issues and performance. There were no formal and recorded risk assessments with regards to health and safety. There was no infection prevention and control audit, and a fire risk assessment had not been conducted since 2015.
- The overall governance arrangements were ineffective.
- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from harm.

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

Overall summary

- Ensure care and treatment are provided in a safe way for service users.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure staff employed are suitably qualified to carry out their role.
- Ensure recruitment procedures are established and operated effectively.

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

- Review arrangements for blank prescription pads, to ensure these are stored safely and securely.
- Review arrangements for cancer screening and diagnosis.
- Review arrangements for monitoring the physical health of people with mental illness, severe mental illness, and personality disorder.
- Review arrangements for routine referral letters, to ensure these are processed more quickly.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. 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. Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP

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 adviser.

Background to Moredon Medical Centre

The provider, Moredon Medical Centre, delivers regulated activities from its sole site at:

Moredon Medical Centre,

Moredon Road,

Swindon.

SN2 2JG

Tel: 01793 342000

Website: www.moredonmedicalcentre.nhs.uk

Moredon Medical Practice is based in Swindon, Wiltshire, and is one of 24 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 shared building houses the Swindon Urgent Care Centre and Expedited Surgery Scheme (SUCCESS) which is operated by a company named Medvivo, on behalf of NHS Swindon CCG. An independent pharmacy is also located on the premises. The practice is registered as a training practice. We did not inspect the Success centre as part of this inspection.

In June 2018, the provider entered into a partnership arrangement with Integral Medical Holdings (IMH). The role of IMH is to offer non-clinical support such as human resources, administration, and standardisation of policies and auditing systems.

The practice has around 12,000 registered patients from an area surrounding the practice and Swindon town centre. The practice age distribution is broadly in line with the national average, with most patients being of working age or older.

The practice has a Personal Medical Services (PMS) contract to deliver health care services. PMS contracts are locally-agreed alternatives to the standard General Medical Services contract, and used when services are agreed locally with a practice. They may include additional services beyond the standard contract.

- Moredon Medical Centre provides the following regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, surgical procedures and family planning

There are three GP partners (two male, one female), a long-term locum GP, one non-EU GP, and one GP registrar. The wider clinical team consists of a clinical nurse manager, two diabetic nurse specialists, two asthma and COPD nurse specialists, one practice nurse,

two health care assistants (HCAs), two phlebotomists and the General Manager. The practice team includes reception, administrative and secretarial staff. Moredon Medical Centre is a teaching practice.

91% of the practice population describes itself as white, and around 9% as having a Black, Asian and Minority Ethnic (BAME) background. A measure of deprivation in the local area recorded a score of 5, on a scale of 1-10. A higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas).

Moredon Medical Centre is open from 7.15am to 6pm Monday to Friday, and the practice will take calls during these times. Routine and urgent GP appointments are also available during these times. The practice has opted out of providing Out-Of-Hours services to its own patients. Outside of normal practice hours, patients can access the NHS 111 service, and an Out-Of-Hours GP is available at Swindon Walk-In Centre. Information about the Out-Of-Hours service was available on the practice website, in the patient registration pack, and as an answerphone message.

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>How the regulation was not being met...</p> <p>The provider was failing to ensure that care and treatment was being provided to patients in a safe way. In particular:</p> <ul style="list-style-type: none">• The monitoring of fire safety systems was not effective or well managed. Fire safety training could not be verified as having been completed.• The last fire risk assessment was dated 1 April 2015 and had not been updated. There was no formally recorded evidence that the actions recommended in the risk assessment from 2015 had been completed.• There was no documented fire safety procedure in use within the practice.• The time taken to process routine referral letters was approximately five weeks.• The practice had not ensured the proper and safe management of blank prescriptions.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met...</p> <p>The provider had failed to ensure that staff received appropriate support, training, professional development, supervision and appraisal. In particular:</p> <ul style="list-style-type: none">• The practice was unable to provide evidence of fire safety training, training in infection control, the mental capacity act or information governance for staff after June 2018.• Several non-clinical staff indicated they had not received an appraisal or attended a personal development meeting in the last year.

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met...

The provider had not ensured that recruitment procedures were established and operated effectively. Specifically:

- Staff records did not include all information relevant to their employment. There were gaps in relevant information in five recruitment files we reviewed. For example, full employment history, evidence of previous satisfactory employment conduct, medical indemnity insurance or an induction checklist.
- Current and existing staff records were not on the new system. The practice could not provide evidence that all staff had received up to date vaccinations.

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

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to ensure that systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- They could not provide evidence of fire safety training, training in infection control, the mental capacity act or information governance for staff employed before June 2018, and some staff told us they had not received any fire safety training.
- Staff responses were mixed in relation to who had undertaken training in safeguarding, the mental capacity act, and information governance.
- There was no system to ensure audits were conducted regularly or embedded in practice improvement activity, as a means to assess, monitor and improve service quality.
- There was no formal and recorded evidence that risk assessments had been carried out with regards to health and safety. A fire risk assessment had not been undertaken since 2015.
- There was no infection prevention and control audit, and no clinical lead for infection control.
- The system of recruitment checks for staff did not include all information relevant to employment in their roles. Not all staff files contained a DBS check, or a risk assessment if this were not undertaken.
- There had been no clinical team meetings since June 2018, to discuss safeguarding issues, and no evidence could be provided for when there was a safeguarding lead.