

# Moredon Medical Centre

## Inspection report

Moredon Road

Swindon

Wiltshire

SN2 2JG

Tel: 01793342000

[www.moredonmedicalcentre.nhs.uk](http://www.moredonmedicalcentre.nhs.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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection of Moredon Medical Centre on 27 February 2020 as part of our inspection programme, and in line with our published regulatory processes. A new provider, Great Western Hospitals NHS Foundation Trust, took over responsibility for the location, Moredon Medical Centre, in November 2019.

The inspection was a comprehensive follow up of the Special Measures imposed in March 2019 under the previous provider arrangements, and to follow up on the urgent conditions that were removed under the new provider arrangements.

Great Western Hospitals NHS Foundation Trust, took over responsibility for Moredon Medical Centre part way through the 2019/20 Quality and Outcomes Framework (QOF) reporting period. (QOF is a voluntary scheme within the General Medical Services (GMS) contract. It aims to support providers to deliver good quality care.) As a result, performance data from April to November 2019 related to the previous provider's activities.

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 and Requires Improvement for all population groups in the Effective key question, meaning this affects all population groups overall.**

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

- The practice was unable to demonstrate effective management of risks in relation to medicine safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Some actions from the practice's Infection Prevention and Control audit had not been addressed.

We rated the practice as Requires Improvement for providing **effective** services because:

- Performance data was below local and national averages and this affected the outcomes for patients including those with some long-term conditions and patients experiencing poor mental health.
- The practice did not have processes in place to track hospital referrals.
- There was limited monitoring of the outcomes of care and treatment. No clinical audits were available to demonstrate quality improvements had been reviewed and actioned.
- A backlog of unreviewed hospital letters, and correspondence from other sources, meant information was not always accurate, valid, reliable and timely.
- Measures to address performance and health outcomes for patients were not yet fully embedded.

We rated the practice as Requires Improvement for providing **responsive** services because:

- Although services could be accessed in a more timely manner, and there was more continuity of care, the service needed to make further improvements.

We rated the practice as Requires Improvement for providing **well-led** services because:

- Improvements were needed regarding governance systems, accurate and reliable data, and the management of risks.
- Before taking over the contract, the new provider had undertaken due diligence assessments to understand the significance of the issues identified from the previous provider. The issues identified were more significant when the new provider began working within the practice.
- The provider recognised the significant improvement and transformation that Moredon Medical Centre required. However, some of the changes and improvements had not been implemented as the new provider had only commenced the management of the service 12 weeks preceding this inspection.

We rated the practice as Good for providing **caring** services because:

- Staff treated patients with kindness, respect and compassion.

# Overall summary

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).
- The practice respected and promoted patients' privacy and dignity.

We found areas where the provider **must** make improvements. 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

(Please see the specific details on action required at the end of this report).

We found areas where the provider **should** make improvements. The provider should:

- Continue to monitor and review processes for quality improvement activity. For example, undertaking clinical audits.
- Continue to embed formal assurance processes. Specifically, the formal minuting of safeguarding meetings, and monitoring of consent.

- Continue to ensure regular multi-disciplinary case review meetings for all patients on the palliative care register.

Following the inspection, we issued the provider with a Letter of Intent. The Letter of Intent offered the provider the opportunity to put forward documentary evidence which may provide assurance that the risks identified had already been removed, or mitigated through an action plan. We received an action plan, setting out how the provider had already addressed each of the concerns we identified, or how they intended to address outstanding actions. The action plan set out a specific time frame for implementing each action and who would be doing it, with documentary evidence supporting any actions taken or intended. This included procedures and processes the provider intended to put in place to ensure that risks concerning (for example) safety alerts, cancer referrals and blood tests would be mitigated. Based on the action plan, we were assured that the risks identified would be addressed.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included two GP specialist advisors, one practice manager specialist advisor, and a second CQC inspector.

## 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. The hospital has a total of 460 beds and employs around 4,500 staff. On 28 November 2019, the Trust took over the running of two GP practices (one of which, Abbey Meads, has two branch sites) that care for approximately 30,000 patients across four locations in Swindon. Only Moredon Medical Centre was inspected on this occasion. The addresses for the main sites are:

Moredon Medical Centre

Moredon Road,

Swindon.

SN2 2JG

Tel: 01793 342000

Website: [www.moredonmedicalcentre.nhs.uk](http://www.moredonmedicalcentre.nhs.uk)

Abbey Meads Medical Centre

Abbey Meads Village Centre,

Elstree Way,

Swindon

SN25 4YZ

Tel: 01793 706030

Website: [www.abbeymeadsdoctors.co.uk](http://www.abbeymeadsdoctors.co.uk)

Moredon Medical Centre 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). An independent pharmacy is also located on the premises. The practice is registered as a training practice.

The new provider was registered with CQC in January 2020. GP partners from the previous registered provider continue to be on the new Trust registration, following the previous provider's withdrawal.

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 General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between Swindon Clinical Commissioning Group (CCG) and the practice for the

provision of medical services. The contract change in November 2019 was as a result of significant failings of a previous provider, where systems to keep people safe and protected from harm were not effective and leadership and governance required comprehensive support from the clinical commissioning group and local medical council. The Trust took on the contract, with an understanding of the improvements required at that time. However, since managing the practice from November 2019, further considerable governance, systems and capacity concerns have been identified and additional improvement plans put in place.

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 Acting 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). There are two Operations Managers, a Project Manager, a Clinical Director and a Head of Nursing who work across all locations to provide managerial support and clinical input. The Clinical Director (male) is based at Moredon Medical Centre and leads a team of eight regular locum GPs (six male, two female). The locum GPs are secured on

long-term rolling contracts to provide patients with greater continuity of care. The clinical nursing team consists of three health care assistants, three practice nurses (one of whom is a lead nurse) and three advanced nurse practitioners. A paramedic is the safeguarding lead across both sites, and there is a physiotherapist also based on site. Non-clinical staff include call handlers who work in the 'Hub', administrators, and receptionists.

Ninety-one per-cent 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 7.30am to 6.30pm Monday to Friday, and the practice takes calls during these times. Routine and urgent GP appointments are 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><b>How the regulation was not being met...</b></p> <ul style="list-style-type: none"><li>• There were shortfalls in the monitoring of disease modifying medicines. Alerts were in place on patient records, to remind clinicians to ensure blood tests were carried out, but these had not been acted upon.</li><li>• The practice did not have appropriate systems in place for the management of safety alerts.</li><li>• Some actions from the practice's Infection Prevention and Control audit had not been addressed.</li><li>• Performance data was below local and national averages and this affected the outcomes for patients including those with some long term conditions and patients experiencing poor mental health.</li><li>• The practice did not have processes in place to track hospital referrals.</li><li>• Local quality improvement activity such as clinical audits had not been undertaken.</li><li>• A backlog of unreviewed hospital letters, and correspondence from other sources, meant information was not always accurate, valid, reliable and timely.</li></ul>
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> <ul style="list-style-type: none"><li>• There was no evidence of quality improvement or an established programme, for example clinical audit activity.</li><li>• We could not be assured that all patients would have appropriate risk assessments carried out for their medical needs. Under the previous provider, systems and processes to ensure people received the correct</li></ul>

## Requirement notices

care and treatment had not always been followed and if care and treatment was provided this was not always accurately recorded on the practice's electronic patient records system.

- Structured annual medicines reviews for older patients were not completed in line with recommended time intervals due to staff capacity.
- At the time of inspection, the new provider had no clear plans to offer assurance that systems to monitor and manage patients with long term conditions would improve.
- Records relating to patients with long-term conditions were not always up to date or recorded in line with guidelines. Where care and treatment had been provided to patients, information had not always been recorded appropriately, to confirm what care or treatment had taken place.
- An unsummarised records backlog created by the previous provider had not been resolved. There were approximately 800 patient records which had not been summarized for patients registering with Moredon Medical Centre, dating back to October 2018. The absence of this information may increase the risk of clinicians not having the correct information about a patient at the time of consultation, review or assessment.
- Systems designed to demonstrate care and treatment, provided in line with recommended timescales, showed poor performance results. Some records reviewed did not contain appropriate coding.