

# Moredon Medical Centre

## Inspection report

Moredon Road  
Swindon  
SN2 2JG  
Tel: 01793342000

Date of inspection visit: 23 Feb 2021  
Date of publication: 26/04/2021

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We previously carried out an announced comprehensive inspection at Moredon Medical Centre on 27 February 2020. We rated the practice as requires improvement overall and requires improvement for providing safe, effective, response and well led services. We rated the practice as good for providing caring services.

## **We carried out an announced follow up comprehensive inspection on 23 February 2021 to follow up on concerns previously identified.**

In light of the current Covid-19 pandemic, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site.

In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This practice consented to take part in this pilot and the evidence in the report was gathered using remote access as well as during an inspection site visit.

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 providing safe and well led services.**

We found that:

- Systems to identify and mitigate risk relating to water safety and security of the premises were not effective and processes to ensure actions taken were recorded and communicated appropriately were not completed.
- Systems to support fire safety in the practice were not effective in mitigating risk.
- Processes to support consistent coding on patient records were not fully embedded.
- There was not consistent oversight of all staff training.
- The practice did not have effective oversight of their chaperone processes.

We rated the practice as good for providing effective, caring and responsive services. We also rated the practice as good in all population groups.

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

- 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:

- Review clinical waste facilities to ensure secure storage.
- Continue to improve patient outcomes for patients with long term conditions and cervical screening.
- Review processes to ensure all verbal complaints are recorded to identify themes and trends.
- Improve communication to promote consistent messages across all staff groups. This includes operational information at practice level being more readily available and understood by staff.
- Review arrangements to make sure consent is obtained and recorded appropriately across the practice.

# Overall summary

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and two additional CQC inspectors.

## 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.

An independent pharmacy is also located on the premises.

The practice has around 12,200 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.

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 Divisional Director of Integrated Care and Community and the internal practice management structure is led by a head of nursing and quality, and a clinical director. The management team also consists of two additional GP clinical leads, a head of nursing, a pharmacy lead and a frailty lead. The clinical team consists of 19 GPs both permanent and long-term locums, a nursing team, advanced care practitioners, health care assistants and a pharmacy team. They were supported by reception and administration staff.

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.

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 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 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>• Systems to identify and mitigate risk relating to Legionella and security were not embedded and there weren't effective processes to ensure actions taken were recorded and communicated appropriately.</li><li>• Systems to support fire safety in practice were not effective.</li><li>• Processes to support consistent coding on patient records were not fully embedded.</li><li>• There was not consistent oversight of all staff training.</li><li>• The practice did not have appropriate oversight of their chaperone processes.</li><li>• Processes for reviewing and implementing policies were not fully embedded in practice.</li></ul> <p><b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>