

Morden Medical Centre

Inspection report

Morden Road
Swindon
Wiltshire
SN2 2JG
Tel: 01793 342000

Date of inspection visit: 11 April and 16 April 2019
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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 summary

In September 2018, Abbey Meads Medical Group, Morden Medical Centre, Taw Hill Medical Practice, Eldene Surgery, and Phoenix Surgery began working collaboratively as a primary care network with the support of Integral Medical Holdings (IMH), who provide back-office services such as payroll, Human Resources, finance and management support. This collaboration was formed to maintain the services provided by these practices, and to look to develop new ways of working in line with the Government's plan for primary care, the 'General Practice Five Year Forward View'. The group is now known as the Better Health Partnership and was registered with CQC in March 2019. GP partners of the old practice continue to be on the new Better Health Partnership LP registration.

We carried out an unannounced focused inspection at Morden Medical Centre on 11 and 16 April 2019, in response to urgent concerns raised confidentially by staff, and information from other intelligence sources. We previously inspected Morden Medical Centre on 7 March 2019, to follow up on a Warning Notice we issued after inspections on 9 and 12 November 2018. The Warning Notice incorporated four breaches of regulations. At the 7 March inspection we found the practice had made significant changes to their systems and processes, and the failings we itemised in the Warning Notice had all been addressed.

The inspection and enforcement activity in the above paragraphs resulted in the service, under the old provider, being placed in special measures.

The full report on the March 2019 inspection and the inspections in November 2018 can be found by selecting the 'all reports' link for Morden Medical Centre on our website at .

This report covers the unannounced follow-up focused inspection we carried out at Morden Medical Centre on 11 and 16 April 2019, to assess the level of risk to patient safety, and to assess the actions taken by the practice to improve the quality of care. We did not rate the practice as part of this unannounced focused inspection.

We issued the practice a Section 31 Notice of Decision to impose conditions on the provider registration with immediate effect. We found several breaches relating to safe and well-led services. Specifically:

- Systems and processes to manage patient correspondence were not effective or efficient and may place patients at risk of harm. We identified approximately 10,000 hospital letters (and correspondence from other sources), some of which we noted were dated from 2018, had not all been reviewed within two days of receipt. We also found 48 unassigned tasks that required action.
- Systems and processes to identify, record and monitor risk were insufficient to ensure improvements were made to ensure a high-quality service and patient safety was maintained. We looked at a sample of patients with prescriptions for high risk medicines and found the majority did not have a record of a medicines review within appropriate timescales.
- Assurance and auditing systems or processes that continually evaluate and seek to improve governance, risk and auditing practice were not effective or comprehensive enough to ensure quality of service and patient safety. We found the significant event policy was not always followed, and significant events were not always identified, recorded, investigated or discussed to ensure lessons learned were shared across the practice.
- Some staff did not receive appropriate support, training, professional development, supervision and appraisal. We found that a practice pharmacist had not received appropriate supervision, training or appraisals.
- The overall governance arrangements were ineffective. Conversations with some GPs and non-clinical staff on the days of inspection reported excessive work-loads, and not being able to have the time to undertake tasks.
- 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:

- Ensure care and treatment are provided in a safe way for service users.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to perform.
- Establish effective systems and processes to ensure good governance, in accordance with the fundamental standards of care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated
Care

Population group ratings

Our inspection team

Our inspection teams on 11 and 16 April were led by a CQC lead inspector and included a total of three GP

specialist advisers (one on 11 April and two on 16 April), two additional CQC inspectors (two on 11 April and one on 16 April), and a practice manager specialist adviser (on 16 April).

Background to Morden Medical Centre

The provider, Better Health Partnership LP, delivers regulated activities from its five main locations (and two branch locations). The addresses for these main sites are:

Morden Medical Centre

Morden Road,

Swindon.

SN2 2JG

Tel: 01793 342000

Website:

Eldene Surgery

Colingsmead,

Swindon

SN3 3TQ

Tel: 01793 522710

Website: www.eldenesurgery.com

Phoenix Surgery

Dunwich Drive,

Swindon

SN5 8SX

Tel: 01793 600440

Website:

Taw Hill Medical Centre

Aiken Rd,

Swindon

SN25 1UH

Tel: 01793 709500

Abbey Meads Medical Group

Village Centre,

Elstree Way,

Swindon

SN25 4YZ

Tel: 01793 706030

Website: www.abbeymeadsdoctors.co.uk

Only Morden Medical Centre was inspected on this occasion. Note that the registration was made using the spelling Morden, but the practice is known by patients and the public as Moredon Medical Centre.

Morden 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. We did not inspect the Success centre as part of this inspection.

In September 2018, Abbey Meads Medical Group, Morden Medical Centre, Taw Hill Medical Practice, Eldene Surgery, and Phoenix Surgery began working collaboratively as a primary care network with the support of Integral Medical Holdings (IMH), who provide back-office services such as payroll, Human Resources, finance and management support. This collaboration was formed to maintain the services provided by these practices, and to look to develop new ways of working in line with the Government's plan for primary care, the 'General Practice Five Year Forward View'.

The new provider, now known as the Better Health Partnership LP, was registered with CQC in March 2019. GP partners of the old practice continue to be on the new Better Health Partnership LP registration.

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 (GMS) contract to deliver health care services. (A GMS contract is a contract between NHS England and general practices for delivering general medical services, and is the most common form of GP contract).

Morden 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

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 Chronic Obstructive Pulmonary Disease (COPD) nurse specialists, one practice nurse, two health

care assistants (HCAs), two phlebotomists and a general manager. The practice team includes reception, administrative and secretarial staff. Morden Medical Centre is a teaching practice.

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).

Morden 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met...
Maternity and midwifery services	Staff did not receive appropriate support, training, professional development, supervision and appraisal. Specifically:
Surgical procedures	<ul style="list-style-type: none">• We found that a practice pharmacist had not received appropriate supervision, training or appraisals.• Conversations with GPs and staff on the days of inspection reported excessive work-loads, and not being able to have the time to undertake these other tasks. Staff told us that excessive workloads impacted on the time available for professional development and training.
Treatment of disease, disorder or injury	

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	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>Care and treatment was not provided in a safe way for service users. Specifically:</p> <ul style="list-style-type: none">• We identified approximately 10,000 hospital letters (and correspondence from other sources), some of which we noted were dated from 2018, had not all been reviewed within two days of receipt. We also found 48 unassigned tasks that required action.• We found the significant event policy was not always followed, and significant events were not always investigated.• We looked at a sample of patients with prescriptions for high risk medicines and found the majority did not have a record of a medicines review within the appropriate timescale.
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>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:</p> <ul style="list-style-type: none">• Hospital letters and other correspondence were not processed in a timely manner.• Patients with prescriptions for high risk medicines were not reviewed in a timely manner.• Complaints were not addressed in a timely manner and not acknowledged.• There was a lack of appropriate induction and support for a recently-recruited member of staff.

This section is primarily information for the provider

Enforcement actions

- Attitudes and behaviours of the leadership team were a cause of concern for staff.
- There was little or no learning about the causes of significant events, and some staff we spoke with did not understand the process for raising and recording a significant event.
- Staff were not fully engaged with or supportive of the practice strategy, and there was a lack of clarity about the specific role of a number of leaders in ensuring and sustaining a position of improvement.