

Moredon Medical Centre

Quality Report

Moredon Road

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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 service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at Moredon Medical Centre on 4 August 2015 to follow up on actions identified during our previous inspection on 07 October 2014; actions included, improving recruitment procedures, improving communication with staff and staff training and improving quality assurance processes. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe and well-led services.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report accidents, incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and the practice learnt from their investigations.
- Risks to patients were assessed and appropriately managed.
- The practice had suitable facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice sought feedback from staff and patients, which it acted on.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. A patient participation group (PPG) had been actively established. Staff had received inductions, had access to support from the management team and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for safe and well-led services identified at our inspection in August 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for safe and well-led services identified at our inspection in August 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for safe and well-led services identified at our inspection in August 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for safe and well-led services identified at our inspection in August 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for safe and well-led services identified at our inspection in August 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for safe and well-led services identified at our inspection in August 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

What people who use the service say

We spoke with three patients visiting the practice during our inspection. The practice shared recent findings from their 'Friends and Family' survey. Comments showed a mixed range of views from patients, ranging from those who were likely or extremely likely to recommend the practice to those who were unlikely to recommend the practice. We looked at the practice's NHS Choices website to look at comments made by patients, comments made were both positive and negative and mainly about the appointment system (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey (January 2015) which showed 70.6% of patients described their experience of the practice as good.

Comments made or written by patients through feedback and the NHS Choices website were a mixture of positive praise for the care they received and negative comments

about the appointment system. We heard and saw that patients generally found access to the practice, by telephone, average but once through appointments were easy to obtain. We observed that telephones were answered after a wait. The most recent GP survey showed 51.6% of patients described their experience of getting through to the practice as easy compared to a Clinical Commissioning Group (CCG) average of 77.7% and a national average of 74.4%. However 88.6% stated the appointment they received was convenient compared to a CCG average of 89.6%.

Patients told us their privacy and dignity was respected during consultations and they found the reception area was sufficiently private for most discussions they needed to make. Patients had been attending the practice for many years and told us they were always treated well. The GP survey showed 80% of patients said the GP involved them in decision making compared to a CCG average of 80.3%.

Moredon Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who had remote access to advice from a specialist advisor.

Background to Moredon Medical Centre

Moredon Medical Centre is modern and purpose built with about 12,000 registered patients. It is located approximately two miles from Swindon city centre. The practice has nine consulting/treatment rooms on the ground floor, 12 consulting rooms on the first floor. Several rooms were rented out to privately run health and wellbeing related businesses. The Swindon Clinical Commissioning Group has a suite of rooms on the ground floor where it provides a duty doctor service for a number of local GP practices as part of a local 'managing patient needs' service. An independent pharmacy is also located on the premises. The practice is registered as a training practice.

The practice has three GP partners, two are male and one is female, they employ a further three salaried GPs. A GP registrar also works at the practice as part of their GP training. The GPs provide 49 patient sessions each week and the hours they work are equivalent to approximately five whole time employees. There are two specialist nurses, two practice nurses and three health care assistants supporting patients through a range of services and clinics.

In addition to the healthcare team there are a range of support staff which include; a practice manager, a patient services team leader, secretarial and administrative staff and receptionists.

The practice supports patients from an area North of the main London to Bristol railway line in Swindon excluding all of the satellite towns & villages close by for example; Blunsdon, Purton, Lydiard Millicent, South Marston. The practice age distribution is broadly similar to the national average with slightly more female patients in the 45 to 49 and 85+ age ranges. Information from our data sources shows the population falls within the fifth least deprived decile (A value that divides sorted data into 10 equal parts).

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as extended opening hours, the childhood vaccination and immunisation scheme and for providing services for patients with a learning disability. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice website indicates appointments are available between 8:30am and 5:30pm most days with a small number of appointments available on Monday evenings 6.30pm to 8.00pm and early mornings 7.30am to 8.30am. All extended hours appointments are for pre-booked appointments. An online booking system is available to patients as are telephone consultations with a GP. Full details about appointments and opening times are on the practice's website.

The practice has opted out of providing Out-of-Hours services to their own patients. This service is provided by SEQOL in the Swindon area and patients are directed to this service by the practice during out of hours.

Detailed findings

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to follow up on whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The focus for this inspection was specifically in regard of the safe and well-led domains.

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 4 August 2015.

We talked with a small number of staff employed in the practice. This included one GP, two practice nurses, the practice manager, the patient services team leader and three administrative/reception staff. We spoke with three patients who visited the practice during our inspection.

Are services safe?

Our findings

The three patients we spoke with said they felt safe when they came into the practice to attend their appointments and felt confident in the treatment they received. They commented positively about the cleanliness of the practice, the professionalism of staff and the accessibility of the practice. Comments from patients who provided feedback about the practice through thank you cards reflected these views.

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, receiving best practice guidance from organisations such as the National Institute for Health and Care Excellence (NICE), the Swindon Clinical Commissioning Group (CCG). The practice also referenced national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed the practices updated and amended safety records, incident reports and minutes of meetings where these were discussed for the period since our last inspection. The records showed the practice had managed the issues more effectively over time and so could show clearer evidence of a safe track record over recent months.

Minutes of meetings we reviewed showed that incidents had been investigated and discussed at regular quarterly significant events meetings. This was an improved approach to the way patient safety was reviewed and communicated.

There were formal arrangements in place for obtaining patient feedback about safety. The practice had regularly carried out the NHS 'Friends and Families' survey and were due to hold their first Patient Participation Group (PPG) meeting on 12 August 2015. The practice's patient services team leader told us that any concerns raised would be used to inform action taken to improve patient safety and the wider service.

Learning and improvement from safety incidents

There were systems in place for reporting and recording significant events, incidents and accidents. There were records of significant events that had occurred during the

last 12 months and we were able to review these.

Significant events were a standing item on the practice significant events meeting agenda and during practice business meetings where relevant. There was evidence the practice had learned from these events and this learning was shared with relevant staff. Staff, including receptionists and nursing staff told us they knew how to raise an issue for consideration and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They explained to us the process used to manage and monitor incidents. We tracked one recent incident and saw records were completed, scheduled for discussion and actioned in a timely way. We saw evidence of the investigation and sharing of learning and of patient involvement. Further improvements to the process, such as improved forms for recording incidents, had recently been implemented but had not been used at the time of our inspection.

National patient safety alerts were disseminated by the partners to practice staff. Staff we spoke with gave examples of recent alerts that were relevant to the care they were responsible for. They also told us, and we saw from previously provided meeting minutes, that alerts were discussed in management and nurses meetings. This ensured all staff were made aware of those relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Training records showed staff had received relevant role specific training about safeguarding vulnerable patients. Staff were able to describe how to recognise signs of abuse in older people, vulnerable adults and children. They were aware of their responsibilities and could explain how they would share information, properly record documentation of safeguarding concerns and how to contact other relevant organisations with this information. Contact details of relevant agencies were easily accessible to all staff.

The practice had appointed GPs with lead responsibility for safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role for example, level three for children and a similar level of

Are services safe?

knowledge and learning for vulnerable adults. All staff we spoke with were aware who these lead staff were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments for example, children subject to child protection plans and vulnerable adults on the palliative care list.

The practice had reviewed its chaperone policy, ensured its staff were appropriately trained and informed this service was available on its website. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to ensure safe examinations were carried out. A risk assessment was in place for those reception staff who undertook chaperone duties and Disclosure and Barring Services (DBS) checks had been applied for or had been received. It was the practice's policy for all staff to have a DBS check.

Monthly 'Gold Standard Framework' multidisciplinary team meetings were held to discuss all patients near to the end of their life. These meetings were held with members of the district nursing team and health visitors. Minutes of these meetings were routinely available to all staff.

The practice supported and hosted a baby and toddlers drop in clinic each week for advice and support in managing minor illnesses to support their safety. This service was open to all young patients including those not registered at the practice.

The practice also had systems in place to ensure carers were supported. The systems in place enabled staff to check on carers wellbeing and identify their support needs or signpost them to other agencies who could support them. A monthly 'Carer's Cuppa's' meeting was also provided at the practice to allow patients who were carers to access support and advice to enable them to continue in their caring role.

Cleanliness and infection control

We observed the premises to be clean and tidy with surfaces clutter free. The patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control.

The practice had a member of staff with lead responsibility for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead person had carried out monthly audits and that any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. For example, during intimate patient examinations.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Hot water was supplied by small water heaters in most locations, warning signs indicated the likelihood of very hot water. The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). Records confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date was June 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment for example, weighing

Are services safe?

scales, spirometers, blood pressure measuring devices and the fridge thermometer. Other equipment such as fire extinguishers were also serviced and tested by an external organisation annually in line with fire safety requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there were identified health and safety representatives.

Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, emergency processes were in place for identifying frail elderly patients, children and patients with long-term conditions. We heard about referrals made for patients whose health deteriorated suddenly. Emergency processes were in place for acute pregnancy complications and staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care, treatment and counselling.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Staff were able to explain where this equipment was located and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills. There was an evacuation procedure displayed on the walls within the practice which set out who the 'emergency controller' was in case of evacuation and their role. The procedure also listed which member of staff was a designated fire warden.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The main value areas were, caring for wellbeing in body, mind, spirit and relationships; respecting all; working as a team; integrity and learning and improving. The statement placed patient welfare at the heart of the practice's values. Staff were aware of the vision and values and these were reflected in the statement of purpose seen on notice boards in the practice.

We spoke with four members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. We saw the practice had restructured their staffing profile with a small number of new appointments, all were aware of the practice's vision and strategy. They told us they felt supported by the management team.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop of any computer within the practice. We looked at six of these policies and procedures, staff confirmed they had read the policy as part of their induction when starting work in the practice. All policies and procedures we looked at had been reviewed annually and were up to date with those relating to recruitment and health and safety having been reviewed since our last inspection.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a partner GP was the lead for safeguarding. All staff we spoke with were clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, infection control audits which brought about changes to cleaning routines. The practice had arrangements for identifying, recording and managing risks. We saw risk assessments which addressed a wide range of potential issues. For example, ensuring the premises safety was managed appropriately. A range of meetings had been implemented to provide opportunities to share information across the practice and to keep staff informed of changes to the way the practice functioned.

Leadership, openness and transparency

We saw from minutes that management 'Business' team meetings were held regularly, at least monthly. These meetings involved GP partners, the patient services team leader and the practice manager. Staff who attended these meetings told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Administrative meetings were also held to plan and deliver the practice's services and to reflect on the positive work done by this team of staff. Staff we met spoke positively about the leadership within the practice and how they were accessible, open and transparent in the way they supported all employees in the practice. We saw that staff with lead responsibility within the practice took their roles seriously and ensured staff were kept informed of improvements in the way they worked. We observed the office functions within the practice were well led by an engaged management team who communicated effectively with staff at all levels. Staff were supported to access training and access was provided by the practice to a range of online learning.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through Friends and Families patient surveys, the NHS Choices website and complaints received. The practice had just set up a patient participation group (PPG) which was small and was due to hold its first meeting on 12 August 2015. The PPG included representatives from various population groups such as the recently retired. Feedback from patients

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

was used to inform and improve the services provided. For example, improvements to the appointments system and using staff with other roles at busy appointment booking times.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss concerns or issues with colleagues and the management team. We heard from staff how they had requested additional training about safeguarding vulnerable patients and this had been provided. Staff told us they felt more involved and engaged in the practice and helped improve outcomes for both staff and patients.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff told us that the practice was supportive of training and that they had staff training sessions where guest speakers and trainers attended.

The practice had completed reviews of significant events, other incidents and complaints and shared the findings with staff at meetings which ensured the practice improved outcomes for patients. They had also reviewed processes for recruitment, risk assessments and staff support since our last inspection. The improvements made since these reviews had resulted in safer systems and a more robustly led service.