

Merchiston Surgery

Inspection report

Highworth Road
Swindon
SN3 4BF
Tel: 01793823307

Date of inspection visit: 15 June 2022
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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 to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Merchiston Surgery on 15 June 2022. Overall, the practice is rated as Requires Improvement.

We have rated each key question as:

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Good

Responsive - Requires Improvement

Well-led - Requires Improvement

The provider of this service changed since our previous inspection on 11 June 2018. The service was rated Good overall and for all key questions. Consequently, this inspection is the first under the new provider, Wyvern Health Partnership, since registration on 21 December 2020.

The full reports for previous inspections can be found by selecting the 'all reports' link for Merchiston Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive risk based inspection undertaking a site visit and remote clinical searches to review:

- *Safe, Effective, Caring, Responsive, Well-led domains*
- *Risks identified in relation to patient access through complaints to CQC.*

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- A presentation from the provider

Overall summary

Our findings

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

We found that:

- The practice provided care that did not always keep patients safe.
- Patients did not always receive effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could not access care and treatment in a timely way.
- Governance processes were in place but oversight of risk management to patient safety and providing effective services was not always fully embedded.

We found breaches of regulations. The provider **must**:

- Care and treatment must be 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 sufficient numbers of suitably qualified, competent, skilled and experienced persons are employed.

The provider **should** also:

- Improve the uptake of cervical cancer screening to eligible patients.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Merchiston Surgery

Merchiston Surgery is situated in a residential area of Stratton St Margaret, Swindon, Wiltshire. The practice had approximately 14,000 registered patients. This included patients from the outlying villages of Shrivenham, Highworth and Wanborough. The practice provides care and support to patients living in three nursing homes in the area. Based on information from NHS England, this shows that the practice has a larger average population of older people.

The practice is located in purpose built premises with the main patient areas situated on the ground floor. The practice has six consulting rooms and two treatment rooms. The practice delivers a General Medical Services (GMS) contract. This is part of a contract held with NHS England. The provider, Wyvern Health Partnership, is also registered with the Care Quality Commission to provide services at four other GP practice locations, together the five practices formed a Primary Care Network (PCN) within Swindon Clinical Commissioning Group.

The services provided at Merchiston Surgery are delivered from one location:

Merchiston Surgery
Highworth Road
Stratton St Margaret
Swindon
Wiltshire
SN3 4BF

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

Information published by Public Health England shows that deprivation within the practice population group is in the third highest decile (eight out of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 94.9% White, 2.9% Asian, 1.2% Mixed, 0.8% Black, and 0.2% Other.

The age distribution of the practice population shows over 32% of patients registered with the practice were working aged from 15 to 44 years, 28% were aged from 45 to 64 years old. Just above 12% were from 65 to 74 years old. Around 11% of the practice's patients were above 75 years old. 17% of patients were less than 14 years of age.

There is a team of eight GP Partners, of which one is the PCN Clinical Director, and four salaried GPs. The practice has a team of three practice nurses who provide nurse led clinics for long-term conditions, female health and immunisations. The GPs are supported at the practice by a team of reception and administration staff with managerial oversight provided by the practice manager. The practice is also supported by staff through the additional roles reimbursement scheme (ARRS) employed through Wyvern Health Partnership, including, two practice pharmacists, two pharmacy technicians, one visiting paramedic, one mental health nurse and four social prescribers. The practice was training practice with three education supervisors supporting four trainee registrars.

The practice is open between 8am to 6:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Out of hours services are provided by another provider, which patients can access via NHS111.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There were a lack of systems or processes to assess, monitor and improve the quality and safety of the services being provided. In particular: • There was lack of oversight of fire safety procedures to mitigate risks arising for staff and patients within the premises. In particular: there were no fire evacuation drills or alarm testing since 2020. • There were shortfalls in providing on-going Basic Life Support and Safeguarding training for staff employed by the services. • There was evidence that the process for managing safety alerts was not being followed appropriately to ensure patients were protected from harm. • There were gaps in the process to ensure safe and appropriate authorisation for Patient Group Directions (PGD) and/or Patient Specific Directions (PSD). • There was evidence through the appointment system, that patients were not able to access care and treatment in a timely way. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and

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Requirement notices

experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users How the regulation was not being met: • The provider was unable to demonstrate that appropriate therapeutic monitoring of patients prescribed high risk medicines was being carried out consistently when prescribing. • The provider was unable to demonstrate that patients received safe care and treatment in relation to the monitoring of long-term conditions. In particular: • The remote inspection of patient records identified 24 patients with diagnosed CKD level 3,4 or 5 who have not had the appropriate blood test monitoring in the last nine months. • 81 patients with diagnosed hypothyroidism who have not had the appropriate blood test monitoring in the last 18 months. • 5 patients as having a potential missed diagnosis of diabetes. • There was a backlog of summarising patient notes dating back to August 2021. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.