

# Abbey Meads Surgery

## Inspection report

Abbey Meads Village Centre  
Elstree Way  
Swindon  
SN25 4YZ  
Tel: 01793726208

Date of inspection visit: 11 May 2022

Date of publication: 10/08/2022

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 carried out an announced inspection at Abbey Meads Surgery on 6th May 2022 (remote) and 11th May 2022 (on-site). Overall, the practice is rated as requires improvement.

Safe - Requires Improvement

Effective - Good

Well-led – Requires Improvement

Following our previous inspection on 25th February 2021, the practice was rated Requires Improvement overall. The effective, caring and responsive services were rated as Good:

The full reports for previous inspections can be found by selecting the 'all reports' link for Abbey Meads Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## **Why we carried out this inspection.**

This inspection was a focused inspection to follow up on a requirement notice for the breach of Regulation 17: Good Governance, issued to the provider following our last inspection in February 2021. At this inspection we looked at the safe, effective and the well-led key questions.

## **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

## **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**

# Overall summary

We have rated Safe and Well-led as requires improvement, because we found:

- Staff were not always trained to appropriate levels for their role in safeguarding.
- We found assurance systems had been implemented but they were not fully effective. For example, fire safety and staff training.
- Information contained in patient records was not always appropriate to ensure patients received care and treatment which met their needs.
- Staff did not always have the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).
- Systems to record and act on safety alerts were effective. However, historically missed alerts had not been reviewed.
- Staff did not always have the information they needed to deliver safe care and treatment, there were not systems in place to monitor if patients had attended required diagnostics.
- Emergency medicines were not stored securely.
- Systems and processes still did not ensure that patients records were consistently accurate and kept up to date.
- The practice did not always involve the public, staff and external partners to sustain high quality and sustainable care.
- The overall governance systems were not always effective.

We rated Effective as Good because we found:

- Patient's needs, care and treatment was delivered in line with current legislation, standards and evidence based guidance.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff were consistent and proactive in helping patients to live healthier lives.

We found two breaches of regulations. 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.

The areas where the provider **should** make improvements are:

- Implement a mechanism to increase patients being able to provide feedback and contribute to the development of the service.

Continue to increase the uptake of cervical cancer screening for 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 and a second inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews via video conferencing facilities.

## Background to Abbey Meads Surgery

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 Abbey Meads Surgery which is located at:

Abbey Meads Surgery

Abbey Meads Village Centre

Elstree Way

Swindon

Wiltshire

SN25 4YZ

Services are also provided from two branch sites:

Penhill Surgery

257 Penhill Drive

Swindon

Wiltshire

SN2 5HN

Crossroads Surgery

478 Cricklade Road

Swindon

Wiltshire

SN2 7BG

We visited Abbey Meads Surgery only for this inspection. Abbey Meads Surgery is based in Swindon, Wiltshire, and is one of 22 practices serving the NHS Swindon Clinical Commissioning Group (CCG) area. The practice shares a purpose-built building with a number of other health related services. Treatment and consulting rooms are not shared. The practice provides services to around 18,175 registered patients. Abbey Meads Surgery 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 the trusts Deputy Divisional Director of Community and Primary Care Services and run locally by the Head of Operations and Primary Care Network Manager. The management team also consists a primary care Clinical Lead and a Primary care head of nursing.

The practice is part of a wider network of GP practices, the Trust also provides another GP practice within Swindon and together these practices have formed a Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (5 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is, 92.8% White, 3.4% Asian, 1.3% Black, 2.2% Mixed, and 0.3% Other.

There is a team of 9.8 full time equivalent GPs who provide cover at the three practices. The practice has a team of 5.5 full time equivalent nurses who provide nurse led clinics for long-term condition of use of both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The PCN operations manager and Business support manager are at the PCN's other practice but works between both surgeries.

Abbey Meads Surgery is open Monday/Tuesday/Friday 8am to 6.30pm. Wednesday 8am to 7.30pm and Thursday 7.30am to 6.30pm.

Crossroads Surgery is open Monday to Friday from 8am to 5.30pm.

Penhill Surgery is open Monday to Thursday from 8am to 5.30pm to patients.

The practices offer a range of appointment types including book on the day, telephone consultations and advance appointments.

Outside of these times patients are directed to contact the out-of-hours service by using the NHS 111 Number.

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
Family planning services Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Not all staff were up to date or had completed safeguarding training for adult and/or children.</li><li>• Staff did not always have the information they needed to deliver safe care and treatment, there were not systems in place to monitor if patients had attended required diagnostics.</li><li>• Fire safety processes were not fully embedded.</li><li>• Staff did not always have the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).</li></ul> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 were not being met.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Systems and processes to ensure patient records were consistently updated with appropriate clinical coding and summarising of patient records were not effective.</li><li>• Systems for ensuring emergency medicines were stored securely was not in place.</li><li>• There was not appropriate building security</li><li>• Systems and processes were not in place to ensure patients medication is reviewed in line with historic Medicine and Healthcare Products Regulatory Agency (MHRA) safety alerts.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>