

Cricklade Surgery

Inspection report

113 High Street
Cricklade
Swindon
SN6 6AE
Tel: 01793750645
www.crickladesurgery.co.uk

Date of inspection visit: 31 March 2021
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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?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Cricklade Surgery on 31 March 2021. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Good

Caring - not inspected

Responsive - not inspected

Well-led – Requires Improvement

Following our previous focused inspection on 1 October 2019, the practice was rated Good overall but Requires Improvement for providing effective services.

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

Why we carried out this inspection

This inspection was a focused follow-up inspection to review:

- Breaches of regulation identified from a previous inspection.
- Specific concerns received by CQC through external stakeholders.

At this inspection, we inspected the Safe, Effective and Well led domains.

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:

- Completing remote clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing remotely patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit.

Our findings

Overall summary

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 for providing Safe and Well led services because:

- Processes for identifying, managing and mitigating risks did not demonstrate effective oversight.
- Processes to review policies were not effective, for example, information was not brought up to date following changes in guidance or changes in circumstances.
- Systems to ensure patients received appropriate monitoring were not always effective.

We have rated the practice as Good for providing Effective services and Good for all population groups.

Areas where the provider **must** make improvements:

- 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.

Areas where the provider **should** make improvements:

- Review arrangements to make sure recruitment information, including those for locum staff and checks conducted regarding staff registration with professional bodies, are recorded and remains valid and up to date.
- Review arrangements to make sure consent is obtained and recorded appropriately across the practice.
- Review processes to improve coding on patient records to reflect care and treatment received.
- Review processes to formalise all staff meetings to support dissemination of information.
- Monitor newly introduced policies to ensure they are embedded in practice.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector and was supported by a second CQC inspector who undertook a site visit. The team included a GP specialist advisor who completed remote clinical searches and records reviews and also attended the site visit.

Background to Cricklade Surgery

Cricklade Surgery is located in Cricklade, Swindon at:

113 High Street,
Cricklade,
Swindon,
Wiltshire,
SN6 6AE

The practice has a branch surgery at:

Ashton Keynes Village Hall

Ashton Keynes

SN6 6NT

The branch location was open one day a week on a Wednesday. We did not visit the branch location as part of this inspection.

The practice is a dispensing practice and dispenses medicines to approximately 45% of their registered patients.

The practice is registered with the CQC in respect of the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; Surgical procedures and Treatment of disease, disorder or injury.

Cricklade Surgery is a single-handed GP practice. The GP employs a regular locum GP, for one to two days a week, who also covers for any absence of the main GP. The practice team consists of two practice nurses, a health care assistant and an operations manager who are supported by administrative and dispensary teams.

When the practice is closed, out of hours services are provided by Medvivo which patients can access via NHS111.

Further information about the practice can be found at www.crickladesurgery.nhs.uk

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Processes to ensure patients received appropriate monitoring was not always embedded. This was in breach of Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures 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 not always appropriate policies in place to give formal guidance to staff. - Processes to review policies were not effective as information was not brought up to date following changes in guidance or changes in circumstances. - Oversight systems were not always effective to ensure compliance. For example, not all staff were up to date with training. - Processes for identifying, managing and mitigating risks did not demonstrate effective oversight. - Oversight of medicines management processes were not always effective. - The practice did not have a process for monitoring staff skill mix to ensure that there was appropriate cover for absences. - The practice's complaints process was not fully embedded. - Processes were not embedded to ensure information on patient records was comprehensive.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.