

Abbey Meads Surgery

Inspection report

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

Date of inspection visit: 24 January 2020
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Abbey Meads Surgery on 24 February 2020 as part of our inspection programme. This location is registered under the Great Western Hospitals NHS Foundation Trust and the Abbey Meads Surgery inspection took place during the same period of their trust wide inspection.

At this inspection we followed up on the areas of concern highlighted under the previous provider who was placed into special measures in June 2019.

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 inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not always have clear systems and processes to keep patients safe.
- The practice did not always have appropriate systems in place for the safe management of medicines. Following the inspection the provider shared prescribing events and training that some of the prescribers had attended and a programme of supervision was implemented immediately.
- There was a backlog of approximately 1000 unsummarised records.
- Staff vaccination records were not up to date, however the practice had been updating the staff records before the inspection and this was still in progress.
- The staffing capacity was still at reduced levels which meant delays in the provision of services of improvement being made.
- The management of emergencies could be delayed due to emergency equipment being stored in different locations and not all the recommended emergency medicines were available. Following the inspection the practice made immediate changes to the storage and medicines available.
- There was limited management of safety alerts to ensure appropriate actions were taken.

We rated the practice as **inadequate** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment and outcome measures showed a significant decline from the previous year. There was no comprehensive plan to address the poor performance until we highlighted this as a more urgent risk during the inspection.
- There was limited quality improvement measures or programme of quality improvement.
- There were gaps in staff training, including the mental capacity act.
- Nursing staff had not had an appraisal in over 12 months. However, further records received following the inspection demonstrated other staff had received appraisals and those overdue had a planned date.

We rated the practice as **requires improvement** for providing responsive services because

- We found improvements to services had been made and access had improved since the new provider had started to manage the service in November 2019. However, on the day of inspection patients were still experiencing delays in accessing care and treatment.

We rated the practice as **requires improvement** for providing well-led services because

- Improvements were needed for governance systems, accurate and reliable data, the management of risks, and patient and staff engagement.
- The new provider had undertaken due diligence assessments to understand the significance of the issues identified from the previous provider. However, the issues identified were more significant when the new provider began working within the practice.
- The provider recognised the significant improvement and transformation that Abbey Meads Surgery required. However, at the time of the inspection some of the changes and improvements had not been implemented as the new provider had only commenced the management of the service 12 weeks before.

The population groups of older people and families, children and young people were rated as requires improvement. The long term conditions and people experiencing poor mental health (including people with

Overall summary

dementia) were rated as inadequate. Working age people (including those recently retired and students) and people whose circumstances make them vulnerable were rated as good.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a more timely way.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure staff receive appropriate support, training, 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.

(Please see the specific details on action required at the end of this report).

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

- Implement a process to ensure failed attendance of children's appointments following an appointment in secondary care or for immunisation are followed up.
- Improve cervical cancer screening uptake rates.
- Continue to ensure regular multi-disciplinary case review meetings for all patients on the palliative care register

Following the inspection, we issued the provider with a Letter of Intent. The Letter of Intent offered the provider the

opportunity to put forward documentary evidence which may provide assurance that the risks identified have already been removed or mitigated through an action plan. We received an action plan, setting out how the provider had already addressed each of the concerns we identified, or how they intended to address them. The action plan set out a specific time frame for implementing each outstanding action and who would be doing it, with documentary evidence supporting any actions taken or intended. Based on the action plan, we were assured that the risks identified would be addressed.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made, such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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	Requires improvement 
People with long-term conditions	Inadequate 
Families, children and young people	Requires improvement 
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)	Inadequate 

Our inspection tea

Our inspection team was led by a CQC inspection manager. The team included a GP specialist advisor, a practice manager specialist advisor and a second CQC inspector.

Background to Abbey Meads Surgery

The provider, Great Western Hospitals NHS Foundation Trust (GWH), took over the contract to manage Abbey Meads Surgery Moredon Medical Centre in November 2019. This report only relates the Abbey Meads Surgery. The primary care service delivers regulated activities from a main location (and two branch locations). The addresses for these sites are:

Abbey Meads Surgery

Abbey Meads Village Centre

Elstree Way

Swindon

Wiltshire

SN25 4YZ

Penhill Surgery

257 Penhill Drive

Swindon

Wiltshire

SN2 5HN

Crossroads Surgery

478 Cricklade Road

Swindon

Wiltshire

SN2 7BG

We inspected the location Abbey Meads Surgery at this inspection. We did not visit the branch locations of Penhill and Crossroads surgeries.

Abbey Meads Surgery is located in Swindon. It is one of the 22 practices within the NHS Swindon Clinical Commissioning Group area and has around 18,100 patients. The practice shares a purpose built building with a number of other health related services. Treatment and consulting rooms are not shared.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between Swindon Clinical Commissioning Group (CCG) and the practice for the provision of medical services. The contract change in November 2019 was as a result of significant failings of a previous provider, where systems to keep people safe and protected from harm were not effective and leadership and governance required comprehensive support from the clinical commissioning group and local medical council. GWH took on the contract, with an understanding of the improvements required at that

time. However, since managing the practice from November 2019, further considerable governance, systems and capacity concerns have been identified and additional improvement plans put in place.

The provider's clinical team working at Abbey Meads Surgery consists of a medical director, two salaried GPs and seven locum GPs. Additional clinical support is provided by a head of nursing, two advanced nurse practitioners, five practice nurses and two healthcare assistants. They are supported by an operations manager and a deputy practice manager, reception and administration teams. GWH is also providing project management and associate directorate support to the practice to ensure the significant changes and improvements identified during the transition period, and which are ongoing, are effective.

The area the practice serves has relatively high numbers of young families and a higher than average number of patients under 19 years of age and between 35 and 50 years of age. The practice area is in the national average range for deprivation. Average male and female life

expectancy for the area is 79 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively. Approximately ten percent of Abbey Meads Surgery's patient population is over 75 years.

Abbey Meads Village Centre provides the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Family planning

The practice has opted out of providing out of hours services to their patients. Patients are advised to contact the out of hours services via the NHS 111 service.

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 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>How the regulation was not being met...</p> <ul style="list-style-type: none">• Some non-medical prescribers had not received regular supervision or competency assessments to ensure adequate and safe prescribing.• Patient medication reviews were overdue and due to the absence of accurate records the provider could not provide assurance that all patients had received timely medication reviews.• Two patients on high risk medications had not received appropriate monitoring and clinical review prior to receiving a repeat prescription, in February 2020.• We found out-of-date 'flu nasal sprays in the medicines fridge.• Emergency medicines supplies held at the practice were incomplete. There were no risk assessments explaining the absence of some recommended medicines.• Staff were unaware of recent safety alerts and systems to ensure these were monitored, actioned and reviewed.
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>How the regulation was not being met...</p> <ul style="list-style-type: none">• Significant events learning had not been shared with staff across the practice.• There was limited evidence of quality improvement or an established programme, for example clinical audit activity.• The immunisation status records of staff were incomplete, and not in line with requirements.

This section is primarily information for the provider

Requirement notices

- The provider could not demonstrate that all patients would have appropriate risk assessments carried out for their medical needs.
- The practice medical emergency equipment was stored in different locations, and systems to manage emergencies were not effective.
- Staffing capacity was at a level that did not allow the service to make required improvements from the previous providers failings, and patients were not always able to access care and treatment in a timely way.
- An unsummarised records backlog created by the previous provider had not been resolved.
- Some staff were unclear about the escalation route for managing complaints.
- There was no information in the practice waiting room or reception concerning complaints to the practice.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met...

- Not all staff had received recommended training, such as, dementia, infection prevention control, safeguarding and mental capacity act.
- Some nursing staff had not received an appraisal in over 12 months, in line with organisation policy.