

Abbey Meads Surgery

Inspection report

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

Date of inspection visit: 25 Feb 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 caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

Overall summary

We previously carried out an announced comprehensive inspection at Abbey Meads Surgery on 24 February 2020. We rated the practice Inadequate overall and Inadequate for providing safe and effective services. We rated the practice as Requires Improvement for providing response and well led services and Good for providing caring services.

Following our inspection, we placed the service into special measures.

We carried out an announced follow up comprehensive inspection on 25 February 2021. This was to follow up on the special measures which had been applied to the practice following our inspection in February 2020.

In light of the current Covid-19 pandemic, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site.

In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This practice consented to take part in this pilot and the evidence in the report was gathered using remote access as well as during an inspection site visit.

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.

This service was placed in special measures in February 2020 in order for the provider to take steps to improve the quality of the services it provided. I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service

We have rated this practice as requires improvement overall and requires improvement for providing safe and well led services.

We found that:

- Systems to identify and mitigate risk relating to water safety and security of the premises were not effective and processes to ensure actions taken were recorded and communicated appropriately were not completed.
- Systems to support fire safety in the practice were not effective in mitigating risk.
- Processes to support consistent coding on patient records were not fully embedded.
- There was not consistent oversight of all staff training.
- The practice did not have appropriate oversight of their chaperone processes.

We rated the practice as good for providing effective, caring and responsive services. We also rated the practice as good in all population groups.

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

- 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:

Overall summary

- Continue to improve patient outcomes for patients with long term conditions and cervical screening.
- Review processes to ensure all verbal complaints are recorded to identify themes and trends.
- Improve communication to ensure a consistent approach across all staff groups and operational information at practice level is more readily available.
- Review arrangements to make sure consent is obtained and recorded appropriately across the practice.
- Continue to identify patients who are carers.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCP

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. The team included a GP specialist advisor and two additional CQC inspectors.

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 all three sites as part of 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 17,900 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 Divisional Director of Integrated Care and Community and the internal practice management structure is led by a head of nursing and quality and a clinical director. The management team also consists of two additional GP clinical leads, a head of nursing, a pharmacy lead and a frailty lead. The clinical team consists of 19 GPs both permanent and long-term locums, a nursing team, advanced care practitioners, health care assistants and a pharmacy team. They were supported by reception and admin staff.

The practice has opted out of providing Out-Of-Hours services to its own patients. Outside of normal practice hours, patients can access the NHS 111 service, and an Out-Of-Hours GP is available at Swindon Walk-In Centre.

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 Treatment of disease, disorder or injury Surgical procedures	<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">• Systems to identify and mitigate risk relating to Legionella and security were not embedded and there weren't effective processes to ensure actions taken were recorded and communicated appropriately.• Systems to support fire safety in practice were not effective.• Processes to support consistent coding on patient records were not fully embedded.• There was not consistent oversight of all staff training.• The practice did not have appropriate oversight of their chaperone processes.• Processes for reviewing and implementing policies were not fully embedded in practice. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>