

The Cambridge Practice

Inspection report

The Cambridge Practice
Aldershot Centre for Health
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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

Good



Are services safe?

Good



Overall summary

Letter from the Chief Inspector of General Practice

On the 1 April 2018, the Southlea Group Practice merged with another practice, previously known as the Victoria Practice. Both practices now provide their regulated activities under the new name of The Cambridge Practice.

We carried out an announced comprehensive inspection at the previous Southlea Group Practice on 12 January 2017. The overall rating for the practice was good, with the responsive domain rated as outstanding but the safe domain rated as requires improvement. We carried out a focused inspection at the previous Southlea Group Practice on 8 August 2017. The overall rating for the practice remained good, however the safe domain remained rated as requires improvement. The full comprehensive reports for the January 2017 and August 2017 inspections can be found by selecting the 'all reports' link for The Cambridge Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 28 June 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on August 2017 and to assess the rating of the safe domain. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

At our previous inspection on 8 August 2017, we rated the practice as requires improvement for providing safe services as the practice had failed to ensure that staff employed received appropriate training with regards to safeguarding, fire safety, information governance and mental capacity. In addition, we made recommendations with regards to how the practice maintained information about those employed by the practice.

Our key findings were as follows:

- The practice had recently undergone a long period of transition. On 1 April 2018, the practice merged with a neighbouring practice based in the Aldershot Centre for Health, previously known as The Victoria Practice. Both practices had then rebranded themselves as The Cambridge Practice, and the practice has since changed its arrangements for its main location and branch site.

- The practice's previous Registered Manager had retired and a new lead clinician had been identified to take over the role. (A Registered Manager is an appropriate person that is responsible for the regulated activities of a practice to ensure patients have their health needs met. It is a requirement of the Health and Social Care Act 2008 for a practice to have a Registered Manager).
- At the time of this inspection, the practice confirmed they were in the process of submitting all the required applications to recognise these changes to the Care Quality Commission (CQC). Since inspection, these applications have been submitted and have been authorised by CQC for the practice to continue their regulated activities as a correctly registered provider.
- The practice had implemented a new comprehensive database for the recording of all staff training.
- We saw evidence that staff had either completed all of their mandatory training or that a date for the training to be delivered had been confirmed.
- Four members of staff had attended a two-day course in infection prevention and control (IP&C) to enhance their IP&C knowledge and skills.
- We visited both the main location and the branch site for this inspection and found the IP&C policy to be implemented consistently across both sites.
- The practice had implemented a robust induction programme for new staff when they started employment.

To continue to improve the quality of care, the provider should:

- Review how non-clinical staff are made aware of the symptoms of sepsis.
- Review how the vaccine fridges are protected from being switched off.
- Review how prescription stationery is securely stored when in use.
- Review how Patient Group Directives are monitored to ensure correct documentation is maintained.

Overall, the practice is rated as Good.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Background to The Cambridge Practice

The Cambridge Practice is situated in Aldershot, a town located to in North East Hampshire, which is known as the 'home to the British Army'. It is comprised of a main location within the Aldershot Centre for Health and a branch site located two miles away.

The Cambridge Practice is located at:

Aldershot Centre for Health

Hospital Hill

Aldershot

Hampshire

GU11 1AY.

The branch site is located at:

276 Lower Farnham Road

Aldershot

Hampshire

GU11 3RB.

The local clinical commissioning group (CCG) is the NHS North East Hampshire and Farnham CCG. The Cambridge Practice is registered with the Care Quality Commission to provide regulated activities for the treatment of disease,

disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services and family planning. The practice provides health services to approximately 23,000 registered patients.

The practice has eight GP partners, ten salaried GPs and one GP retainer; there are seven male and twelve female GPs. There are two advanced nurse practitioners, five practice nurses and four health care assistants. The clinical team are supported by an administrative team which includes a practice manager, a business manager, and an assistant practice manager as well as reception and administration staff. The practice is also a training practice providing placements for GP registrars, physician assistants, medical students and paramedics.

The practice is open from 8am until 6.30pm Monday to Friday. Extended hours appointments are offered at both sites on Mondays from 6.30pm until 8.00pm, Wednesdays from 7.00am to 8.00am and from 6.30pm to 8.00pm, Thursdays from 7.30am to 8.00am and the mornings of the second and fifth Saturdays in a month.

When the practice is closed out of hours services are provided by North Hampshire Urgent Care. Patients are advised to call 111 to access this on the practice's answerphone.

Are services safe?

Our findings

At our previous inspection on 8 August 2017, we rated the practice as requires improvement for providing safe services as the arrangements for training provision were not adequate.

We issued a requirement notice with respect to this breach in regulation. We found this issue had been rectified when we undertook a follow up inspection on 28 June 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. We reviewed the personnel files of two new members of staff and found all the appropriate recruitment checks had been completed.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. The practice confirmed all equipment checks at the Aldershot Centre for Health were undertaken by NHS Property Services who leased the practice area to the practice. The Lower Farnham Road branch site is owned by the practice and all equipment checks were arranged by the practice.
- Arrangements for managing waste and clinical specimens kept people safe.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had introduced an induction process for all new employees that was overseen by senior members of the clinical or non-clinical team, depending on the role of the new starter.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice provided evidence to show staff had been trained in cardiopulmonary resuscitation (CPR) in the previous two years. A training day had been arranged for August 2018 with an external training provider to supply an update as well as full training for new starters.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Clinicians had recently been informed of a new application to assist in the quick diagnosis of sepsis. One clinician confirmed they had already used the application in practice with a successful outcome.
- When asked, receptionists could correctly report how they responded to patients who presented or identified themselves as acutely unwell. However, receptionists were not always able to confirm what the symptoms of sepsis were.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, the fridges that contained the vaccines were not protected from being accidentally turned off.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- However, the safe storage of prescription stationery was not fully assured.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Every incident was discussed at the next clinical governance meeting, held every ten weeks, unless it was significant and then it was discussed at the next partners meeting, held fortnightly.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. All safety alerts were actioned by the clinical pharmacist as required and updates on the safety alerts were discussed at each clinical governance meeting.

Please refer to the evidence tables for further information.