

The Cambridge Practice

Inspection report

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at The Cambridge Practice on 31 July 2019 as part of our inspection programme.

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. In particular, we rated the practice as requires improvement for safe and well led services and good for effective, caring and responsive services. The population groups were also rated as good.

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

- There were systems in place to keep patients safe, but some areas required a review. For example, staff training to the appropriate level for safeguarding, disclosure and barring service checks for clinical staff and ensuring staff recruitment checks were carried out in line with guidance. In addition, high risk actions arising from risk assessments required embedding.

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

- There were some processes and systems that were not yet implemented or embedded, and some governance arrangements were in the process of being reviewed. For example, risk assessments with high risk actions requiring completion, staff appraisals to review performance, monitoring of consent seeking processes and complaints record keeping.
- There had been a change in practice management since the formation of the new provider, which had resulted in

some systems and processes being reviewed and actioned in a different way to those that were previously operated. The provider was aware of the areas requiring review and had an action plan to ensure these were managed in a timely way.

We rated the practice as **good** for providing effective, caring and responsive services because:

- Patients received effective care and treatment that met their needs.
- 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 timely way.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review the intercollegiate guidance for child safeguarding and consider which level of training is required for non-clinical staff.

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. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Cambridge Practice

The Cambridge Practice was formed in April 2018 following a merger of two local practices in Aldershot. They have a patient list size of 23,000 and are part of North East Hampshire Clinical Commissioning Group. They are also a member organisation of the federation of North East Hampshire practices, known as SALUS. In July 2019 the practice also became part of the Aldershot Primary Care Network.

The main practice site is located within Aldershot Centre for Health and is co-located with several other providers and stakeholders. The branch site is a converted residential property to the south of Aldershot town and approximately 3 miles from the main site.

The practice addresses are:

(Main site) Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY

(Branch site) 276 Lower Farnham Road, Aldershot, GU11 3RB

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. These are delivered from both sites.

The practice has eight GP partners (five female, three male) and nine salaried GPs (five female, four male). Between them they provide a whole time equivalent (WTE) of 11 full time GPs. The practice is registered as a training practice for doctors who are training to become GPs. At the time of the inspection there were no trainee GPs working at the practice and they were due to welcome two new GP trainees in August 2019. The practice also offered training placements to junior doctors (in their second foundation year – FY2), physician associates and medical students.

The nursing team is led by a practice nurse manager and consists of five practice nurses (WTE 4.8, including the nurse manager) and four health care assistants (WTE 2.7). There are also two nurse practitioners (WTE 1.6) and a clinical pharmacist (WTE 1). In addition, two paramedic practitioners and a health coach offer services to patients, via the federation.

The day-to-day operations are overseen by a practice manager (WTE 1) supported by an operations manager, a personal assistant, a finance administrator, an information technology lead, a rota clerk, premises manager and a reception manager. In addition, 31 administration, secretarial and reception staff support the team across both practice sites.

According to national statistics, approximately 15% of the registered population are from black and minority ethnic groups, which includes a large Nepalese community. The practice is also located in an area of moderate to low deprivation with pockets of high deprivation within the practice area boundary.

There are a higher number of young patients aged four and under and a lower number of older patients aged 65 and over, compared with local and national averages. There is a higher incidence of patients with a long standing health condition compared to local and national data and a higher than average number of patients employed (or in full time education).

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>There were inconsistent systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>There were inconsistent systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• Recently undertaken risk assessments for fire safety and health and safety of premises had high risk actions to be undertaken and embedded.• Staff appraisals had not been undertaken for all eligible non-clinical staff.• There was no monitoring of consent seeking processes.• Complaints management was not in line with the practice own policy for recording and documenting complaints for monitoring and oversight.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met...</p> <p>The registered person's recruitment procedures did not ensure that only persons of good character were employed.</p>

This section is primarily information for the provider

Requirement notices

The registered person's recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed.

In particular:

- Not all staff who required a Disclosure and Barring Service check had received one.
- Not all staff had received an assessment of their health to determine if reasonable adjustments were required for their role.
- The immunisation status had not been established for all staff to ensure patient (and staff) safety.