

# Cambrian Surgery

## Quality Report

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Date of inspection visit: 3 October 2016  
Date of publication: 25/10/2016

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 service

Good 

Are services safe?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cambrian Surgery on 11 May 2016. After the comprehensive inspection, the practice was rated as good overall with requires improvement in providing safe services. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cambrian Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We undertook a focussed follow up inspection on 3 October 2016 to check that improvements had been made. The practice is rated as good for providing safe services and rated good overall.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and the learning from significant events.
- The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well-managed and full clinical audits completed.
- For patients on high-risk medicines and those requiring regular medicine reviews, these had been undertaken and systems were in place for medicine review monitoring.

- Formal system for recording and monitoring medicines that on an ad hoc basis maybe taken by GPs to home visits was in place.
- An audit about the identification of carers had been conducted and the numbers of carers on the practice register had increased.
- General health and safety risk assessments had been completed, this included fire risk assessments, maintenance records and Legionella.
- The practice ensured their recruitment arrangements included Disclosure and Barring Service (DBS) checks were completed for staff who had contact with potentially vulnerable patients including locum GP staff and references were recorded.
- Staff who provide a chaperone service were in receipt of chaperone training and had a Disclosure and Barring Service (DBS) check completed.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Training included a documented induction system and safeguarding adults and children to the appropriate levels as well as basic life support.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty three survey forms were distributed and 115 were returned, a 47% return rate.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.
- 88% of patients found the receptionists at this practice helpful compared to the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the national average of 95%.
- 95% of patients had confidence and trust in the last nurse they saw or spoke with compared to the national average of 97%.

# Cambrian Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Cambrian Surgery

Cambrian Surgery is located in Oswestry, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. Cambrian Surgery is registered with the Care Quality Commission as a partnership provider. The provider holds a General Medical Services contract with NHS England. At the time of our inspection, 13,087 patients were registered at the practice. The practice, in line with the local Clinical Commissioning Group (CCG), has a higher proportion of patients aged 65 years and over when compared with the practice average across England. For example, the percentage of patients aged 65 and above at the practice is 22%; the local CCG practice average is 24% and the national practice average, 17%.

The practice is in a modern three storey purpose built building, completed in 2011, of which the practice occupies approximately 30%. The practice treatment areas and consulting rooms are on the ground and first floor. There is a lift available and an automatic door at the practice entrance. The practice has 11 consulting rooms, six nurse/treatment rooms, a minor operations room and a phlebotomy room. There is an on-site pharmacy. The practice is a training practice taking medical students from

Birmingham University and Staffordshire University. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)
- NHS Health Checks

The practice is open each weekday from 7.30am to 6.30pm with extended hours by appointment only on a Monday between 6.30pm and 8pm, on bank holiday Mondays the extended hour's provision changes to a Tuesday. During these times telephone lines and the reception desk are staffed and remain open. The practice has opted out of providing cover to patients outside of normal working hours. Shropdoc provides the out-of-hours services.

Within the practice there are a number of key leadership roles including medical, nursing and administration and support. Staff at the practice work a variety of full and part time hours. Staffing at the practice includes:

- Six GP partners (5 male and 1 female) and a managing partner.
- One salaried female GP.
- Two regular locum GPs (male and female).
- One Advanced Nurse Practitioner.
- Five practice nurses.
- Two female healthcare assistants and a healthcare assistant/phlebotomist (a person who takes blood).
- Two pharmacists (who job share).
- A human resources and governance manager.
- A finance manager.

# Detailed findings

- A contract performance manager.
- Two reception/administration operational managers.
- 16 reception/administration staff.
- A Community and Care Coordinator.

## Why we carried out this inspection

We carried out a focussed follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At an announced comprehensive inspection at Cambrian Surgery on 11 May 2016, the practice was rated as good overall with requires improvement in providing safe services. We undertook a focussed follow up inspection on 3 October 2016 to check that improvements had been made.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced focussed follow inspection on 3 October 2016. During our visit we:

- Spoke with a range of staff including a GP, practice nurse, practice manager.
- Observed how patients were being cared for and reviewed the national GP patient survey results published July 2016 on patient's views and experiences of the service.

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

We carried out an announced comprehensive inspection at Cambrian Surgery on 11 May 2016. After the comprehensive inspection, the practice was rated as good overall, with requires improvement in providing a safe service. We had found improvements were needed in locum recruitment arrangements and some health and safety risk assessments including Legionella and fire safety risk assessments. System documentation improvements were needed in some areas such as; medication reviews, completed full cycle clinical audits, improvement in the carer register and in the documentation of the learning and action points for significant events. During the follow up inspection on 3 October 2016 we found that the practice had taken appropriate action to address all these areas.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were told about the incident, received reasonable support, a written apology and were informed of actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events including cascading to staff the actions taken, any policy or procedural updates and learning points.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and non-clinical staff were trained to nationally recognised child protection or child safeguarding levels.
- The practice had completed an audit on the identification of carers to improve the practice carer register and the coding systems in relation to the identification of carers on the electronic systems. They advertised the support available to carers and of the Community and Care Coordinator role in supporting them. This had resulted in the growth of identified carers from 30 to 87 patients since the inspection in May 2016.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead trained for the role and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- A written consent form process was in place for minor surgical procedures in line with best practice, which was monitored and reviewed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

## Are services safe?

prescriptions, which included the review of high-risk medicines. Protocols were developed around the review of high-risk medicines, repeat prescribing and the intervals between patients' blood tests that varied on a patient-to-patient basis. Formal systems for recording and monitoring medicines that on an ad hoc basis maybe taken by GPs to home visits was in place. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The advanced nurse practitioner was also an independent prescriber. The practice had employed two appropriately trained pharmacists. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. Any medicines incidents or 'near misses' were recorded for learning. An onsite pharmacy was located within the building in which the practice was located.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment including locum GPs. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire

drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.