Castlecroft Medical Practice

Inspection report

Castlecroft Avenue
Castlecroft
Wolverhampton
West Midlands
WV3 8JN
Tel: 01902 761629
www.castlecroftmedicalpractice.co.uk

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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 Castlecroft Medical Practice Centre on 2 September 2019 as part of our inspection programme. This inspection looked at the following key questions; safe, effective, caring, responsive and well-led.

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.

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

- There was not an effective system to ensure that medicines and equipment were secure and safe to be used.
- The practice was not receiving all necessary patient safety alerts.
- There was not always comprehensive learning from incidents and complaints documented in a timely manner.

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

- Practice management were not always aware of issues and risks within the practice.
- It was not always clear which staff members were responsible for what roles.
- Governance arrangements were not always effective at ensuring patients were kept safe.

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

- Staff treated 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 area where the provider **must** make improvements is:

- Ensure that care and treatment is provided in a safe way.

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

- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Continue to monitor and improve performance in relation to patients with long term conditions and patients experiencing poor mental health.
- Review governance systems are ensure they are embedded within the practice.

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

The inspection was lead by a CQC inspector and the inspection team comprised of a GP specialist advisor, a practice manager specialist advisor and a nurse specialist advisor.

Background to Castlecroft Medical Practice

Castlecroft Medical Practice is a well-established GP practice situated in Wolverhampton. The practice operates from a purpose built healthcare facility. There is access for patients who use wheelchairs.

The practice has a higher proportion of patients between the ages of 65 and 85 years (40%) compared with the local average of 26% and the average across England of 27%. At the time of our inspection, the practice had approximately 12,500 registered patients. The ethnicity of patients registered at the practice was approximately 77% white and 15% of Asian origin. The remaining 8% were identified as mixed race, black and other race.

The practice is in the third least deprived decile in the city. This may mean that there is a decreased demand on the services provided. However, the practice had a high proportion of patients aged over 65 years living with multiple long term conditions which increased the demand on the practice.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community

The practice consisted of five GP partners (three female and two male), one salaried GP, two GP registrars, one Advanced Nurse Practitioner (ANP), five practice nurses and one healthcare assistant. The clinical team was supported by a team of administration and reception staff, a practice manager and a business manager. The practice is a training practice for registrars, student nurses, medical students and reception trainees.

The practice opening times were from 8:30am until 6.30pm Monday, Wednesday and Friday and extended opening hours were provided on a Tuesday and Thursday from 8:30am until 8:00pm.

The practice does not provide an out-of-hours service to its own patients but patients are directed to the out-of-hours service, Vocare, 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider did not have clear and effective processes for managing all risks, issues and performance. • The provider did not ensure that medicines, equipment and patient records were stored safely and securely. • The provider was not receiving all necessary safety alerts and there was not always evidence that safety alerts had been actioned. • The provider investigated incidents when they happened, but there was an absence of a fully documented record of the incident to clearly show the actions taken to prevent further occurrence and embedded learning from events.