

Castle Place Practice

Quality Report

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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 service

Good



Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This announced focused inspection was carried out on 21 August 2017 to confirm that the practice had made improvements to meet the recommended actions in our previous comprehensive inspection on 14 January 2016. In January 2016 the overall rating for the practice was Good. The full comprehensive report for the January 2016 inspection can be found by selecting the 'all reports' link for Castle Place Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good

Our key findings were as follows:

- Systems had been set up to schedule audits and monitor these to provide assurance of embedded shared learning and improvement so that patients experience high quality care and treatment. Examples seen included audits looking at appropriate appointments and effective management of prescriptions.
- The practice had clearly defined and embedded systems to obtain patient consent in a consistent

way. Governance had been strengthened and monitoring results demonstrated consent was consistently obtained and followed national guidelines.

- Succession planning and implementation of GP recruitment and retention was effective, within the context of the national shortage of GPs.
- Implementation of a nationally recognised on line training source for all staff providing assurance of adherence and internal rewards in recognition of completion of modules.
- Wider engagement across the health and social care sector within Tiverton and surrounding areas to utilise resources effectively and improve patient experience. For example, the practice led a working group with all the community pharmacists and GPs in the area to agree a consistent approach across Tiverton.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services effective?

The practice is rated as Good for effective services

- A rolling programme of audits was taking place and provided assurance of embedded shared learning and improvement so that patients experience high quality care and treatment.
- Clearly defined and embedded systems to obtain patient consent were implemented in a consistent way.

Good



Castle Place Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was carried out by a Lead CQC Inspector.

Background to Castle Place Practice

Castle Place Practice was inspected on Monday 21 August 2017. This was a focused inspection.

Castle Place Practice covers an area of 100 sq. miles, consisting of town and rural areas. There are 15,318 patients on the practice list and the majority of patients are of white British background. All of the patients have a named GP and linked administrative staff. There is much a higher proportion of older adults on the patient list compared with other practices in the area. A third of the patient population are children and young people. The total patient population falls within the mid-range of social deprivation, but there is very high deprivation in one area of Tiverton.

The practice is managed by seven GP partners (four male and three female). They are supported by six female salaried GPs. The practice uses the same GP locums for continuity wherever possible. There are five female practice nurses and two female HCAs (health care assistants). All the nurses specialise in certain areas of chronic disease and long term conditions management.

The practice is open 8:30 am to 6:30 pm Monday to Friday. Extended opening hours are available every day with a combination of GP, nurse and HCA early morning and late evening appointments listed on the practice website: Early

morning appointments are on Monday, Tuesday, Wednesday and Friday mornings (7:30 until 8am) and late evening appointments are on Monday and Thursdays (6:30pm until 7:30pm).

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by Devon Doctors. The practice has opted out of providing out-of-hours services to their own patients and referred them to another out of hour's service.

The practice has shared responsibility for monitoring in patients at the community hospital in Tiverton. The GPs provide shared cover for the urgent care centre based at Tiverton Hospital. The practice covers alternate weeks with another practice between 8am to 6.30 pm and 6.30pm to 10pm each night during weekdays.

Castle Place Practice provides regulated activities from Castle Place Practice, Kennedy Way, Tiverton. We visited this location during our inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of Castle Place Practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection in January 2016 can be found by selecting the 'all reports' link for Castle Place Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Castle Place Practice on 21 August 2017. This inspection was carried out to review in detail the recommended actions taken by the practice to improve the quality of care.

Detailed findings

How we carried out this inspection

We carried out an announced focused inspection at short notice. We looked at management and governance arrangements and a sample of records. We discussed these with two GP partners, the nurse manager and the strategic business manager.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 January 2016 we rated the practice as good for providing effective services; however there were areas where the practice should make improvements in respect of effective audit and obtaining consent.

Management, monitoring and improving outcomes for people

At the inspection in January 2016, we found there had been 11 clinical audits undertaken over the previous two years. Of these one was a completed audit. Immediately following the inspection, the practice informed us that it had created a new schedule of audits to be completed over the next twelve months which included repeating previous audits to provide assurance of learning and embedded improvement for patient care.

In August 2017 we found the practice had strengthened governance arrangements for effective patient care by having reviewed lead roles and responsibilities for all GPs. There was a systems and process lead responsible for scheduling searches as required, which included CCG (Clinical Commissioning Group) led audits such as safe and cost effective prescribing. Changes in the clinical staffing team since the last inspection had not affected the audit programme and we found a number of audits and re-audits had been completed.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). For 2016/17 the practice had increased the total QOF performance by 4% on the previous year to 98.1% (2015/16 94.3%).

Information about patients' outcomes was used to make improvements, such as:

Patient feedback about accessing appointments had triggered an appropriate appointments audit and re-audit

being carried out. This audit highlighted when patients contacted the practice and how different appointments, for example with GPs or nurses, were used. The practice analysed the data to identify the number of consultations that required a GP compared with those that could have been dealt with by another means. Results showed 31% of patient contacts could have been supported effectively using existing resources, for example administrator or other professionals such as a physiotherapists or occupational therapist. Changes were made as a consequence included: Extensive engagement with patients to increase their understanding of all service options available for support and advice. A review of the duty GP system to effectively deploy resources. The creation of further GP appointment slots to address patient needs when a routine appointment with a named GP was requested. Clear pathways of support for patients using the entire practice team as a resource. GPs told us patients reported increased satisfaction with the appointment and support systems and commented that the number of complaints received had significantly decreased.

Consent to care and treatment

At the inspection in January 2016, we found inconsistencies in the way consent was obtained and recorded for patients. We recommended the practice should review the way consent was obtained from patients to ensure current guidelines were implemented and followed.

In August 2017 we found the practice had strengthened governance arrangements. There was a lead GP partner responsible for oversight of systems and process. The consent policy was reviewed in July 2017 with a document history and future review date set. The practice used set templates when reviewing or treating patients, which included one for obtaining and recording consent. Templates could not be closed without consent being documented and followed national guidance. Audit was used to monitor adherence to the consent policy. For example, we saw an audit of all minor surgery carried out since January 2017 showing consent had been recorded on all the patient records.