

The Castlegate Surgery

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 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 The Castlegate Surgery on 28 May 2015. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.

We undertook a desk based focused inspection of The Castlegate Surgery on 9 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for The Castlegate Surgery on our website at www.cqc.org.uk/

From the inspection on 28 May 2015, the practice were told they must:

- Ensure that all nursing staff have a criminal records check through the Disclosure and Barring Service (DBS). Where non-clinical staff perform chaperone duties, the practice must risk assess whether a DBS check is required.

We found that on the 9 September 2016 the practice now had appropriate processes and procedures in place.

- The practice had completed a risk assessment to determine which staff members required a DBS check.
- All nursing staff had been checked through the DBS process.
- A chaperone policy was in place to give guidance to staff when carrying out the role and to support clinical staff to recognise when a chaperone was required.
- The chaperone policy reflected the required risk assessment.

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 safe?

At our comprehensive inspection on 28 May 2015, a breach of legal requirements was found. Improvements were needed to processes and procedures to ensure the practice provided safe services, in particular in relation to criminal record checks through the Disclosure and Barring Service (DBS check) for nursing staff and reception staff carrying out chaperone duties.

During our desk based focused inspection on 9 September 2016 we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- The practice had completed a risk assessment to determine which staff members required a DBS check.
- All nursing staff had received a DBS check
- A chaperone policy was in place to give guidance to staff when carrying out the role and to support clinical staff to recognise when a chaperone was required.
- The chaperone policy reflected the risk assessment carried out and in place.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Following our comprehensive inspection on 28 May 2015, we rated the practice as good for the population group of older people. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



People with long term conditions

Following our comprehensive inspection on 28 May 2015, we rated the practice as good for the population group of people with long-term conditions. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



Families, children and young people

Following our comprehensive inspection on 28 May 2015, we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



Working age people (including those recently retired and students)

Following our comprehensive inspection on 28 May 2015, we rated the practice as good for the population group of working age people (including those recently retired and students). We did not review any evidence during our desk based focused inspection to alter this rating.

Good



People whose circumstances may make them vulnerable

Following our comprehensive inspection on 28 May 2015, we rated the practice as good for the population group of people whose circumstances may make them vulnerable. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 28 May 2015, we rated the practice as good for the population group of people experiencing poor mental health (including people with dementia). We did not review any evidence during our desk based focused inspection to alter this rating.

Good



The Castlegate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based focused inspection was completed by a CQC Lead Inspector.

Background to The Castlegate Surgery

The Castlegate Surgery provides a range of primary medical services to the residents of Hertford and the surrounding villages. The practice has been in its current purpose built location since 1997.

The practice population is predominantly British but also serves patients from minority ethnic groups. It is classed as being in a low deprivation area. The practice has a list size of approximately 6,900 patients and provides services under a general medical services contract (GMS).

There are three GP partners who run the practice, two male and one female and they employ one female salaried GP. The nursing team consists of three practice nurses, one of whom is an independent nurse prescriber. There are a number of reception staff and a secretary all led by a practice manager and a reception manager.

The practice is open between 8am and 6.30pm Monday to Friday and offers extended opening on Thursday evenings to 7.30pm and from 8am to 12.30pm on Saturday mornings.

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via NHS 111.

Why we carried out this inspection

We carried out a desk based focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we asked the provider to submit information and evidence to demonstrate the action they had taken to address the breach of legal requirement we identified during our comprehensive inspection on 28 May 2015. We carried out an announced desk based focused inspection on 9 September 2016.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions during our comprehensive inspections:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

However, during our desk based focused inspection we only asked questions relating to safety.

Are services safe?

Our findings

Overview of safety systems and processes

During our comprehensive inspection on 28 May 2015, we found that the practice did not have a chaperone policy in place to give guidance to staff when carrying out this role or to support clinical staff to recognise when a chaperone was required.

The nursing staff had been trained to carry out the role of the chaperone. Two members of the reception staff had also undertaken training and would act as a chaperone if nursing staff were not available. They understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had not received Disclosure and Barring Service (DBS)

checks. (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). The practice had not completed a risk assessment to consider if a DBS check was necessary or if the chaperone would be left alone with the patient.

For our desk-based follow up inspection, the practice provided evidence to confirm that all of the nursing staff have now had a DBS check. The practice had completed a risk assessment to determine that non-clinical staff carrying out chaperone duties did not require a check, as they were not left alone with patients. We noted that this was reflected in the chaperone policy that the practice now had in place to give guidance to staff carrying out this role.