

Care Quality Commission

Inspection Evidence Table

CASTLE PLACE PRACTICE (L83052)/Tiverton Community Hospital

Inspection date: 15 January 2019

Date of data download: 20 December 2018

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

Safeguarding	Y/N/Partial
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were protocols and procedures in place which staff understood and followed. The safeguarding GP attended the quarterly Mid Devon Safeguarding meeting and fed back to all GPs at the clinical meeting.</p> <p>The service had audited its child safeguarding register and records for assurance that national guidelines had been followed. The initial audit identified some areas for improvement including improving coding and timescales. Actions taken were evidenced as effective in subsequent audits. Results showed audit compliance against national standards had improved from 42% to 82% compliant</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: December 2018	Yes
There was a record of equipment calibration. Date of last calibration: December 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: 10 December 2018	Yes
There was a log of fire drills. Date of last drill: 21 August 2018	Yes
There was a record of fire alarm checks. Date of last check: 17 December 2018	Yes

There was a record of fire training for staff. Date of last training: 13 November 2018	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: 20 August 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Following the fire risk assessment evidence was completed as required to move an emergency trolley away from being adjacent from a means of escape to another location in the building (reception area). This improved access to a means of escape.</p> <p>Risk assessments for hazardous substances had been reviewed in November 2018.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 3 January 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 13 August 2018	Yes
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 10 August 2018 No actions were required from this audit.	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staffing resources, skill mix and cover for absence had been reviewed when the service merged with Royal Devon and Exeter NHS Foundation Trust. GPs had a 'buddy' who covered them if they were absent or on leave.</p> <p>We saw sepsis and other assessment protocols were available and used to assess deteriorating patients in all areas. Staff had been trained and equipped with the knowledge and skills to identify early indicators of ill health. Where appropriate, patients had been signposted to appropriate appointments with clinical staff. Staff described what situations would prompt them to escalate a patient for urgent assessment either by a GP or hospital. Doctor's bags and clinical rooms contained appropriate equipment for assessment deteriorating health. This included adult and child oximeters (to measure patient blood oxygen levels). The NHS Trust verified this equipment was calibrated.</p> <p>The duty GP list clearly set out cover ahead for several weeks in advance, with key peak times such as bank holidays already covered. Calls from patients were appropriately assigned appointments or signposted effectively by reception staff and the duty GP who made the decision about visiting priorities for that day.</p>	

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Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: Clear systems were in place with named staff monitoring the workflow to ensure tasks had been completed. Records demonstrated referral letters had been typed within 48 hours and sent electronically to secondary healthcare services. Staff told us GPs and practice nurses communicated with the administrative team when a referral letter needed to be prioritised as urgent. We observed a member of staff being asked to complete a referral, which was completed and sent electronically within an hour. Pathology results and records sampled followed the practice protocol, being dealt with appropriately and in a timely way. Clinical records demonstrated patients had been referred to secondary health services in a correct and timely manner. All new patients already on medicines were offered a double appointment with the GP for assessment and review. The practice received electronic communication from the out of hours service and a protocol was in place for administrators to forward correspondence to the GP.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.71	0.92	0.94	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	7.6%	9.5%	8.7%	No comparison available

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Yes

Medicines management	Y/N/Partial
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A pharmacist independent prescriber had joined the service in September 2018. Their role and responsibilities including monitoring and carrying out medicines reviews with patients.</p> <p>In 2017, the practice had arranged a meeting with all the Tiverton pharmacists and other GPs in the area to look at how best they could work together. Following regular meetings improvements had been made. For example:</p> <ul style="list-style-type: none"> • Communication had improved with queries being telephoned through to the practice by a specific time and then a response provided by 2pm. • The GP service and pharmacies ran a health promotion campaign to reduce the number of paracetamol tablets being prescribed. This involved promotional material and pharmacists placing leaflets outlining prescription costs for medicines containing paracetamol. The campaign ran through April and May 2018. The service was able to demonstrate an 11% reduction in paracetamol prescribing for patients. • The service set up a secure on online application for group members to discuss any issues about medicines stock and when deliveries were expected. This had resulted in the practices being able to proactively change medicines that were expected to be out of stock long term or to send patients to a pharmacist that had the item in stock. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	27
Number of events that required action:	27
Explanation of any answers and additional evidence:	
<p>Since merging with the NHS Trust, the GP service continued to monitor and report significant events for learning and identification of actions where needed. Any serious concerns were reported on the Datix system and overseen by the risk management team at the practice. We looked at a serious concern reported under this system. Comprehensive notes were seen outlining patient contacts, diagnosis and clinical decisions made.</p> <p>Learning from significant events was discussed every month at the practice clinical meeting. Records seen demonstrated action was taken and quality improvement changes had been completed.</p>	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Delayed assessment of patient with pain escalated requiring hospitalisation	The service reviewed the reception pathway to include additional 'red flag' symptoms which required immediate referral of a patient to a GP for assessment.
Sudden unexpected death of a patient	Increased shared communications between the GP service and local pharmacies when a patient was being treated with medication that could increase sedation risk. A consistent approach was agreed across the locality pharmacies. This included providing information about the increased risk of sedation when medicines were first dispensed to a patient.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	

There was a policy in place and advice from national safety alerts had been actioned. Safety alerts were sent directly to the practice, logged, disseminated and discussed at clinical meetings. Actions were recorded on a spreadsheet and monitored as having been completed with further reporting to the risk management team. For example; In response to an alert regarding blood testing machines, an audit had been completed. This provided assurance of accuracy and validity of results.

Medicines safety alerts had been actioned and were overseen by the practice pharmacist. For example; related to sodium valproate medicine use for treating epilepsy. In response female patients prescribed sodium valproate had been given additional advice and their prescriptions reviewed.

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.85	0.98	0.81	No comparison available

Older people

Population group rating: good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- GPs attended a Core Group, with therapists, district nurses and social care support to coordinate care.
- Risk management of vulnerable and frail patients was a priority and reviewed at a daily GP meeting.
- Home visiting services were provided for patients with long term conditions. Reviews were offered at the at the patient's home. An emergency care practitioner was in the process of joining the home visiting service.
- Repeat prescriptions had been co-ordinated across online services using the patients' choice of community pharmacies.
- Castle Place Practice was leading a pilot and subsequent roll out of a Community Pharmacist home visiting service in Tiverton. At the time of our inspection, 29 patients had received medication reviews at their home.

People with long-term conditions Population group rating: good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Patients with long term conditions were able to access psychological support from a counsellor at the service.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statin.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- A near patient service provides venesection (blood-letting) for patients with a long-term blood conditions.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	82.0%	82.4%	78.8%	No comparison available
Exception rate (number of exceptions).	26.3% (220)	14.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	74.4%	76.0%	77.7%	No comparison available
Exception rate (number of exceptions).	10.6% (89)	13.0%	9.8%	N/A
	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	81.9%	80.5%	80.1%	No comparison available
Exception rate (number of exceptions).	18.1% (151)	17.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	70.9%	75.8%	76.0%	No comparison available
Exception rate (number of exceptions).	1.9% (18)	11.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.1%	89.3%	89.7%	No comparison available
Exception rate (number of exceptions).	9.2% (19)	13.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018)	78.4%	83.9%	82.6%	No comparison available

(QOF)					
Exception rate (number of exceptions).	3.0%	(71)	5.6%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	90.1%		90.7%	90.0%	No comparison available
Exception rate (number of exceptions).	5.5%	(17)	7.0%	6.7%	N/A

Any additional evidence or comments

Nursing staff managed patients with long term conditions and used all contacts with patients to provide education and reviews. The practice verified decisions to exception report (exclude a patient from being reviewed) were made by GPs for clinical reasons. If the rationale for exception reporting was due to dissent of the patient this was done at the end of the financial year after all options had been explored to engage the patient in the process through telephone calls, letters and any face to face contact. We looked at a sample of patient records for those coded as having a diagnosis with diabetes. We found appropriate recall arrangements were in place and at least three attempts had been made to encourage the patient to attend for review.

Two clinical education meetings had included diabetes where performance for QOF had been discussed. It was established that patients not at target with a HbA1c below 64 accounted for the higher exception reporting where a higher HbA1c was accepted as a target based on the clinical needs of the patient.

Families, children and young people

Population group rating: good

Findings

- Regular well woman clinics were held each week enabling women to access contraception such as implants and intrauterine devices.
- 6-week checks offered triple time appointments for new mothers and baby
- Cervical screening uptake was on track to achieve above national averages at 82%.
- Childhood immunisation uptake rates were in line with local targets of 90% uptake. The service achieved World Health Organisation (WHO) immunisation targets of 95% uptake for children under one.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (to) NHS England)England)	142	145	97.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) (NHS England)England)	148	157	94.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (to) (NHS England)England)	143	157	91.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) (NHS England)	147	157	93.6%	Met 90% minimum (no variation)

Any additional evidence or comments

To increase the uptake of children being immunised staff contacted parents directly to have a discussion with them after letters were sent out from Public Health England (PHE).

Working age people (including those recently retired and students)

Population group rating: good

Findings

- Smoking cessation advice and weight loss clinics were available.
- Travel immunisation and advice clinics were available
- The practice had systems in place to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	79.6%	75.7%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.0%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.7%	61.2%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	76.3%	68.0%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	67.8%	56.0%	51.9%	No comparison available

Any additional evidence or comments

We discussed patient uptake for cervical screening with the practice. The practice used every opportunity to engage women in the cervical screening (CVS) programme. Information about cervical screening was on the practice website and screens in waiting rooms.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those patients whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice hosted a 'Youth Low Mood' service for young patients who did not meet the Child and adolescent mental health service threshold for psychological support but still had needs.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 173 housebound patients had mental health reviews completed in their own home.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place which were followed to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Castle Place Surgery was registered as a dementia friendly site in 2017. All staff had received dementia training and the service was part of a small pilot issuing support and signposting information for patients with dementia and their carers.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	90.7%	86.6%	89.5%	No comparison available
Exception rate (number of exceptions).	11.8% (13)	16.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	94.0%	87.2%	90.0%	No comparison available
Exception rate (number of exceptions).	9.1% (10)	14.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	78.4%	84.5%	83.0%	No comparison available
Exception rate (number of exceptions).	9.3% (9)	8.1%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549	Data Unavailable	537.5
Overall QOF exception reporting	5.9%	Data Unavailable	10.1%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Clinical audit was embedded at Castle Place Surgery, examples seen were:	
<ul style="list-style-type: none"> Completed safety audit demonstrated effective blood monitoring of patients taking high risk medicines. An intervention led to changes to the protocol and alert system was added to patient records to prompt patients to attend for review. Completed inter uterine contraceptive device audit found recording of sexually transmitted infection risk, reason for referral and consent had improved. For example, 100% of patient records had consent documented confirming a discussion of risks and benefits and post fitting advice with the patient. 	

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care	Yes

Certificate for Health Care Assistants employed since April 2015.	
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: Staff were given a handbook summarising key policies and procedures. Since the service had merged with Royal Devon and Exeter NHS Acute Trust, staff were able to access support and advice from the human resources department about all employment matters.	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
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Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.2%	94.7%	95.1%	No comparison available
Exception rate (number of exceptions).	0.6% (22)	1.1%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: Patients reported good support when being given concerning news, for example a written response from a patient highlighted they felt empowered to look after their own health in a positive way.	

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CQC comments cards	
Total comments cards received.	30
Number of CQC comments received which were positive about the service.	27
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC patient comment cards	Patients comments highlighted high levels of satisfaction with the GP service. Staff were described as being caring and considerate.
Patient interviews	<p>We spoke with four patients and their comments included</p> <ul style="list-style-type: none"> • They are always on time, staff are friendly, the GPs explain what they are prescribing. • I am not rushed when in the appointment. The surgery is very nice. • I needed to be near a hospital due to having a new born baby and this seemed the best. The registration for new patients has a lot of paperwork to complete by hand. This should be available on-line to do then you can copy and paste the repetitive answers. • My appointment is always on time, I am not rushed and I like it that I can always see a female GP. My medication is always explained to me.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	232	101	43.5%	Not available

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	96.0%	92.5%	89.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	95.1%	91.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	97.0%	95.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	94.5%	89.0%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence
We looked at service initiated surveys for the two previous years (2017 and 2018). The service asked patients for feedback about a wide range of issues, for example to establish patient understanding of new processes and access to appointments available. Patient feedback had been acted on regarding the registration process for example. Registration forms were on the practice website and online, which facilitated the process but some patients did not have IT access. The practice had set up a patient-to-use PC in reception for patients to use to register and/or obtain e-consult advice.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: In 2017, patients were asked in the service survey about other healthcare professionals and whether it was more important to see any doctor in a timely way or to see their own GP or an alternative.	

Many were happy to see the appropriate healthcare professional and any GP. Given the change in GP recruitment and retention, as well as the change in patient expectations the practice had put in place plans for a multidisciplinary approach for patients accessing consultations from early 2019. This was in-line with local NHS England and CCG strategic plan.

Source	Feedback
Interviews with patients	Four patient comments reflected those seen in the GP Survey results and CQC comment cards received. They confirmed their views were sought about proposed tests, treatments and support suggested by their GP or practice nurse.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	96.6%	95.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: Information leaflets and guidance notes were seen in key areas such as the waiting room.	

Carers	Narrative
Percentage and number of carers identified.	2.5% of patients on the register were identified as carers.
How the practice supported carers.	The practice used every opportunity to identify carers. Examples seen included a survey used for every patient attending the flu clinics to identify unknown carers. The new patient registration pack asked patients to identify themselves as a carer and clinical staff told us they asked patients during consultations. Carers were signposted to support services, such as live well events taking place regularly in the community. The practice was part of a pilot increasing the level of information given to patients newly diagnosed with dementia and their carers.

	Carers were offered flu vaccination. GPs triaged all requests for appointments and made reasonable adjustments for length of time and timing of these to meet patient needs.
How the practice supported recently bereaved patients.	A GP or other key staff member would contact the family to offer support. The practice could also signpost patients to voluntary or charitable organisations who could offer support and advice.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Telephone lines available:	
Monday to Friday	8.30am to 6pm
Extended Opening	Patients are able to access appointments up to 10pm every evening, weekend and over bank holidays through the 'Improved Access' scheme at Tiverton Hospital. The practice provides 7.5 hours of extended hours appointments across the week between 7.30 am to 8am and 6.30pm to 7pm with nurses, health care assistants and GPs.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	232	101	43.5%	Not available

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.2%	96.4%	94.8%	No statistical variation

Any additional evidence or comments

The GP service demonstrated it received strongly positive responses from patients each month. For example; Between October to November 2018 a high percentage (97%) of 257 patients responding in the Friends and Family test reported they were 'most likely' or 'likely' to recommend the practice to others.

Older people

Population group rating: good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and or complex medical issues.
- In recognition of the religious and cultural observances of some patients, GPs had responded promptly, often outside of normal working hours to provide the necessary death certification. This had enabled funeral arrangements to be made in a timely manner according to the cultural beliefs of the deceased and their families.
- The practice had a good understanding of patient needs and arranged local pharmacies to deliver medicines for housebound patients.

People with long-term conditions

Population group rating: good

Findings

- Patients with multiple conditions had all their needs reviewed in one appointment.
- The practice staff liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: good

Findings

- Additional nurse appointments were available for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances. This included those children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians who called with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure they were accessible, flexible and offered continuity of care.
- Pre-bookable and telephone appointments were available.
- The improved access scheme enabled patients to access appointments up to 10pm every weekday evening, weekends and bank holidays at the hub based at Tiverton Community Hospital.

People whose circumstances make them vulnerable group rating: Good

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Since November 2018, the practice had a wellbeing clinic which ran one morning on alternate weeks. Patients could be referred to the clinic by their GP or another healthcare professional if they were acutely unwell or showing a deterioration in mental health.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	75.7%	81.0%	70.3%	-
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	85.6%	78.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	70.7%	73.2%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	83.1%	82.5%	74.4%	No statistical variation

Any additional evidence or comments

The GP service had updated the telephone system in conjunction with a nearby practice it worked with. The system enabled each of the services in the GP federation (group) to share data and customise the patient experience when calling the service. The system enabled the service to be able to record calls and to monitor the content, answering times and abandoned calls. The information facilitated shared learning and customer care improvement. Examples of quality improvement were: confirming busy periods and ensuring sufficient staff were available to take patient calls. In August 2018, an additional option was added to incoming calls to provide the caller with confidence that they would be talking to correct department and member of the team at the first point of contact. The service told us they continued to monitor statistics and patient feedback about the telephone system. Improvements reported for both patients and staff included;

- Average call waiting time had decreased
- A reduction in abandoned early morning calls
- Improved caller experiences
- Improved staff morale

Full cycle audits looked at the number of appointments where a patient had failed to attend (DNA). In December 2018, 529 clinical appointments had not been attended. Analysis showed the highest rate of DNAs was on Friday. The action plan in response to this included: sending patients a reminder text message, highlighting the issue of DNAs in the waiting room, sending letters to the 192 patients who had DNA'd more than twice. This had resulted in a 50% reduction in DNAs and the percentage of patients who had DNA for more than two appointments reduced to 25%. At the time of this inspection, more than a third of DNAs occurred more than two weeks in advance of the scheduled appointment. This enabled the appointments to be rebooked by another patient.

Source	Feedback
For example, NHS Choices	Two patient reviews rated the GP service with five stars (the highest rating).
Patient interviews	Four patients interviewed told us appointments were always on time and they never felt rushed when in the appointment.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	19
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Documents showed the practice reviewed complaints, identifying themes and patterns as part of the governance arrangements and shared this information with the patient participation group (PPG). We sampled two complaints received. The practice provided timely responses to patients, outlined the investigation of the complaint and outcome. We saw patients were sent an apology when things went wrong, demonstrating the practice adhered to this aspect of the duty of candour requirements.</p> <p>The most recent analysis found an overall decrease in GP, nurse, admin and reception staff complaints but an increase in prescriptions related complaints. Actions taken as a result of this information were:</p> <ul style="list-style-type: none"> • Senior receptionist dedicated to the prescriptions team • Recording and analysis of the number of and access types requesting prescriptions between pharmacists, practice website, Patient Access and paper requests • Revised policy and practice towards increased electronic prescribing to reduce the need for printed prescriptions, other than for controlled medicines (CDs) • A new rota to enable all team members dedicated time and regular work with the prescriptions team to promote understanding of the prescriptions systems and processes • Creation of an assessment team to review and take actions for any medicine changes for patients discharged from hospital • Secured the secondment of a Clinical Pharmacist to support the practice team and patients • GP lead Tiverton-wide GP and pharmacist meetings. These were held quarterly to promote collaborative working and shared education and learning 	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>In 2018 the practice merged with the Royal Devon and Exeter NHS Foundation Trust to become the GP service at Tiverton Community Hospital. The NHS Trust retained key senior staff, including GPs as associates. Staff interviewed during the inspection told us they felt well supported at the service, particularly during the transition period with policies and procedures being reviewed and aligned with Trust ones.</p>	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The vision was to provide a fully integrated primary care model within a high performing practice. The emphasis was focussed on preventative health by offering patients access to a wide multidisciplinary team on site. Roadshows had been held with community groups to raise awareness about the integration of services.</p> <p>There had been increased engagement with local schools, the provision of 'Youth Low Mood' services, and collaboration with the Tiverton pharmacists. The practice was focused developing the service to meet the needs of the wider community.</p>	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff interviewed told us the service had an open culture, where development and learning from near misses took place in a positive way.	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Interviews with staff	Staff told us they were proud working at the GP service

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: There was a clear reporting system in place at the practice with governance arrangements overseen by the NHS Trust. Records such as minutes of meetings demonstrated effective management of risks, including actions to mitigate these. These included: <ul style="list-style-type: none"> • Access to the Trust and policies and procedures, which had been reviewed regularly. • GP associate and nursing lead roles. For example; in safeguarding, infection control, clinical governance and quality improvement. • Named staff who had responsibility for facilitating specific searches. For example: those generated by the clinical commissioning group including prescribing activities promoting patient safety, effective and economical prescribing. Audit was signed off by the Divisional 	

Governance Group.

- Monthly reporting to the operational group linking to corporate structures such as the executive and board meetings. Examples seen were: Monthly clinical report made to the deputy medical director. Business manager financial and performance reports about the delivery of contracted services for patients. Risk escalation reporting. Adherence to the quality outcome framework benchmarking clinical outcomes for patients. Safety reports demonstrating action taken following alerts.
- Regular team meetings and individual staff development meetings, including appraisal.
- Access to the senior professional forum facilitating awareness and involvement in implementation of NICE guidance and clinical audit.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>External stakeholders provided the service with updates about performance, for example: Strongly positive feedback was received about the high uptake and volume of health checks being delivered as part of the 'Onesmallstep' campaign for working people (500 patients). The service had initiated the 'Tiverton Conversation' with the community to help improve the health and well-being of residents living there. Staff told us this had been achieved through team work, prioritisation of health care assistant time to undertake these checks, increased signposting and visible information both in the waiting room, practice website and social networking sites.</p> <p>Patient at risk were discussed every morning at a short meeting so the team knew who needed immediate follow up from any out of hours involvement or developing situations reported by reception.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
Notifications to the Care Quality Commission were collated by the Trust through its risk department.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>The service continued to engage with the patient representative a number of times each year. Minutes from the meetings were accessible via the practice website. Patient representatives were invited to the service learning day in November 2018, when the GP service closed for staff training.</p> <p>The practice was instrumental in widening engagement with the community of Tiverton and surrounding areas. Examples seen were the Tiverton Community Conversation and co-ordination of Involve Mid-Devon.</p>	

Feedback from Patient Participation Group.

Feedback
<p>Patient representatives from the patient participation group (PPG) provided written feedback to CQC as part of this inspection. Their comments highlighted the service was instrumental in initiating:</p> <ul style="list-style-type: none"> • Continuous awareness of the PPG to recruit members and regular meetings to share learning, information and developments. • Patient and wider community engagement such as the Tiverton Community Conversation. GPs and three PPG members had taken an active role in this community initiative.

- PPG members attended a training afternoon when various aspects of the service were discussed with the staff group. This enabled patient to contribute and give their perspective about the development and patient experience of services.
- PPG attendance at the South West Experience and Participation Conference in November 2018.
- Patient representation at the Mid Devon Patient Forum meetings.

Any additional evidence

The service had reviewed the national patient survey results for 2018, which were published in the summer. Overall the practice compared favourably locally and nationally. There were two slight outliers at the practice and action had been taken for both areas identified. Patients were encouraged to sign up for online services, including access to self-help information and 56% of patients were actively using these resources. The e-consult resource had been implemented enabling patients to request advice from their GP via secure access and the practice was reviewing its implementation when we inspected.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>Staff interviewed verified their professional development was supported, for example: they had access to training and opportunities to study for qualifications extending their clinical and non-clinical skills.</p> <p>Castle Place had initiated systems and processes to receive feedback from other stakeholders to improve services for different population groups. Examples were:</p> <ul style="list-style-type: none"> • Working with local schools through the local learning network – identifying gaps in school nursing services led to an extended education role for practice nurses. A training event was planned for teaching staff about anaphylaxis treatment and recognising early signs of an asthma attack and when to encourage a student to self-administer preventative asthma medicines. • Meetings with the high school welfare officer had highlighted the teenage unplanned pregnancy rate for young females registered at the service was highest in the locality. The practice had agreed to provide sexual health education for students in February 2019. <p>However, it was too early to report on the impact of these improvements for patients.</p>	

Examples of continuous learning and improvement

The practice was one of three pilot sites working with Exeter University to deliver funded psychological therapies for young people (eight to 18 years old) closer to home. The involvement and benefits seen for patients had secured additional funding for the Improving Access to Psychological Therapies (IAPT) worker to continue providing onsite counselling for young people falling short of the CAMHS threshold for psychological therapies. Sessions were held twice a week at Castle Place Surgery.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.