

Ilkley Moor Medical Practice: WACA

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as Requires Improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at WACA (Wharfedale, Airedale and Craven Alliance) Limited on 21 November 2019 as part of our comprehensive inspection programme.

At this inspection we found:

- Staff working at the service were able to access the patients' own GP records to support continuity of care and the safe management of patients' health needs. Information was relayed to patients' own GPs in a timely manner, with appropriate follow up checks in place.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Patient feedback about accessing the service was overwhelmingly positive. However, we were not assured that patients understood that the extended access service was offered by a different provider and not their own GP.
- The provider liaised closely with partner agencies, commissioners and other key stakeholders to identify local need and plan future initiatives and services.

However, we also found that:

- Arrangements for the dissemination of information and learning from significant events were not in place. A significant event policy was in place and these were discussed on an 'ad hoc' basis by the leadership team but were not shared with the staff who worked within the service.

- The provider did not have systems and processes in place to maintain oversight of health and safety, fire, or infection prevention and control for staff or patients at the hub sites.
- The provider did not have clear documented systems in place to monitor and maintain oversight of staff training, professional registration updates, staff vaccinations, indemnity insurance or disclosure and barring checks (DBS).
- The provider did not directly communicate with staff working for them but relied on information to be disseminated by the practice managers of the hub sites at the staff members normal place of work.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Develop clear processes for blank prescription security at all sites where patients are seen.
- Provide information in relation to making a complaint specifically for the extended hours service available to patients at all sites.
- Improve their approach to the management and communication of significant events and evidence that these are actioned appropriately and any learning and changes are disseminated to staff working within the service.
- Review the range of emergency medicines held on each site, ensure there is oversight of these and a rationale for any medicines not stocked at each location.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a led CQC inspector. The team included a second CQC Inspector and a GP specialist advisor

Background to Ilkley Moor Medical Practice

WACA (Wharfedale, Airedale and Craven Alliance) Limited is a GP Federation, serving the needs of the population of Airedale, Wharfedale and Craven. The Federation is made up of eight practices in the Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG). WACA is responsible for delivering extended access services to patients from all eight participating GP practices for approximately 73,100 patients.

The governance and administrative centre for the service is co-located with the CCG at The Millennium Business Park, Station Road, Steeton, BD20 6RB. The organisation is led by a Clinical Director, supported by a steering group comprising GPs and a business manager. This group is supported by an executive board, clinical leads and administrative staff.

Patient care is delivered at five locations in the district, with two locations offering services at any one time during the week and alternate Saturdays. A GP service is also provided between 9am and 11am on a bank holiday. Services are delivered from:

- The registered location, Ilkley Moor Medical Practice, Ilkley, LS29 8TH. Monday to Friday between 6.30pm and 8pm.
- Dyneley House Surgery, Skipton, BD23 2HZ. Wednesday and Thursday between 6.30pm and 8pm.
- Ling House Medical Centre, Keighley, BD21 2JH. Tuesday between 6.30pm and 8pm.
- Townhead Surgery, Settle, BD24 9JA. Monday between 6.30pm and 8pm and alternate Saturdays between 9am and 11am.
- Silsden Group Practice, Silsden, BD20 0DG. Saturday and Sunday between 9am and 11am.

The focus of our inspection was the extended access service.

30% of the appointments offered are with GPs. The remaining appointments are with other multi-disciplinary clinicians such as pharmacists, nurses, physiotherapists and healthcare assistants.

The service offered 10% of appointments through a digital platform. These were face to face video consultations with a remote NHS GP. Patients were required to register to use this service and those who did not agree to share their GP patient record with the remote provider, could not access the appointments. We saw that a data sharing agreement between WACA and the digital provider was in place.

WACA Limited formed in March 2018 and registered with the Care Quality Commission in December 2018 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Family Planning
- Surgical procedures
- Maternity and midwifery services

WACA's extended access service has been operational since September 2018 and provides an extended hours service with access to local GPs, nurses and healthcare assistants. Appointments are also available with physiotherapists and pharmacists who are employed under a service level agreement with another provider. Non-clinical staff are located at each of the five patient facing sites during operational hours.

Staff who work for the provider are contracted to work for the GP practices within the locality. The management of staffing arrangements is undertaken by practice managers at the hub sites and staffing costs are then re-charged to WACA. It is the responsibility of the practice from where services are delivered, to ensure that staffing is in place during the extended access service's opening hours.

There are parking facilities at the hub sites. As part of our inspection we visited the Ilkley Moor site and Dyneley House Surgery.

Are services safe?

We rated the service as Requires Improvement for providing safe services.

The provider did not have fully functioning or appropriate systems in place for the management of medicines, safeguarding concerns or the dissemination, sharing and learning from significant events. On the day of inspection the provider could not evidence the safe recruitment of staff or the oversight and management of health and safety issues at the hub sites.

Safety systems and processes

The provider did not have the appropriate systems and processes required to keep people safe and safeguarded from abuse.

- The provider did not have a system for maintaining oversight of staff training, including safeguarding training. All staff who worked within the extended access service were contracted to work for WACA through their normal place of work at the GP practice. The provider told us that it was the responsibility of the persons' normal place of work to ensure that their training and DBS checks were undertaken and up-to-date. (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). On the day of inspection the provider could not evidence that this arrangement was documented. There was no oversight of training undertaken or DBS checks for the majority of staff who were working in the service. We saw evidence of some of these checks for some, but not for all GPs, who worked for the provider. We were told they were assured by practice managers within the locality that these checks had been undertaken.
- A child safeguarding policy was in place which was supported by a key contacts guide. However, the safeguarding lead was not named within the policy, the deputy lead/ named GP was not named on the contacts sheet and the organisational clinical safeguarding children's deputy was described as 'child's usual GP'. On the day of inspection we were not assured that in the event of a safeguarding issue, the policy would direct staff to take the best course of action.
- The service was unable to demonstrate that there was a policy for staff to follow on safeguarding adults. A policy was forwarded to us after the inspection. However this

was incomplete, for example, there were blank points to insert the name of leads within the policy and it referred continually to 'the practice'. The provider told us that each hub had their own safeguarding policies in place. However, these were not specific to the extended access service.

- The provider relied on safe recruitment systems and processes being in place at each of the hub sites. On the day of inspection, the provider could not provide evidence of the same and did not keep any further information regarding staff recruitment.
- On registration with the CQC the provider stated they would have systems in place to assure themselves that training requirements were met by staff across all sites. The provider did not have these in place on the day of inspection.
- We were told that the provider held regular meetings with GPs and managers from the hub sites to review standards. Meeting minutes which were forwarded after the inspection did not reflect that issues such as safeguarding, training and DBS checks had been discussed.
- The provider had recently devised a hub visit checklist. This was to be used to assess some basic training and health and safety requirements. At the time of the inspection the provider had not yet implemented the checklist at any of the five hubs. The 2019/2020 action plan for the service, stated that hub visits would be undertaken twice a year.
- The provider did not have a training or recruitment policy. An overall training plan was in place but we did not see that this had been implemented. A recruitment policy was formulated and forwarded to us after the inspection.
- The provider relied on effective practice management at the hub sites to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. All practices which were used as hub sites for the extended access service had received a rating of Good or Outstanding by the Care Quality Commission at their last inspection. On the day of inspection we spoke with two practice managers from two separate hub sites who assured us that the appropriate checks were in place. However, the provider did not provide evidence or documentation to assure themselves that this was the case.

Risks to patients

Are services safe?

The systems to assess, monitor and manage risks to patient safety were not sufficiently thorough .

- The provider held steering group meetings, to review arrangements for planning and monitoring the number and mix of staff needed. Each individual GP practice was responsible for providing staff for the extended access service. We were told that whilst reception staff did not rotate between sites, GPs might do so to ensure service continuity.
- Four of the five hub sites had an Extended Access Hub document which gave basic direction to staff, this was not in place for the fifth hub. This included information on access to the premises, fire alarms and testing and the location of emergency equipment. In addition, there was a provider manual that was given to staff which detailed how to use the IT system. One staff member told us they did not receive an induction to the site and were simply given a list of patients to see when they arrived for their first session.
- Through the training provided at their normal place of work, staff assured us they understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- We saw that there was an agreement in place for the sharing of information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians working within the extended access service would task the patient's own GP to request a referral was made if necessary. An effective and agreed process was in place for this which was monitored by a WACA member of staff to ensure the request had been actioned.

Appropriate and safe use of medicines

The provider did not have reliable systems for appropriate and safe handling of medicines.

- There was a system in place to review the storage of medical gases, emergency medicines and equipment held by the practice at four out of the five hub sites. We saw that a tick list of emergency medicines and expiry dates were held for four sites and we were told that if any medicines were used the practice manager of the hub location would be tasked and the medicine replaced. We did not see that these were regularly reviewed.
- The emergency equipment at the fifth hub site was managed by WACA, as appointments were offered in an annexe. This hub site had been operating for six weeks on the day of inspection. We saw that only three emergency medicines were immediately available. The provider had not carried out a risk assessment to identify the medicines it felt was not suitable for them to stock. Additional emergency medicines were available in a separate building of the hub site, however, there was a risk that not all staff working in the extended access service would have access to these medicines. The provider did not have oversight of the expiry dates of these medicines, oxygen or defibrillator checks. However, we saw that all items were fit for purpose, stored appropriately and in date. Oxygen and defibrillators were available at all hub sites.
- The management of prescription stationery at each hub was undertaken by the host practice team.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The IT system supported clinicians to prescribe the most appropriate medicines.

Track record on safety

The service did not have fully developed safety systems.

- A health and safety policy was in place. However, the provider could not evidence that any health and safety risk assessments had been undertaken and we did not see that actions detailed in the policy were followed. For example, the policy stated the provider would maintain oversight of health and safety training, conduct regular inspections of the workplace and conduct regular fire risk assessments. The provider told us they had gained assurance from the practice managers at the five hub sites that these were in place but could not provide evidence of the above on the day of inspection.

Are services safe?

- Lone working policies were in place at four of the five hub sites. An organisational lone working policy was developed after our inspection. This policy stated that risk assessments would be undertaken for all staff who were working alone. At the two sites we visited on the day of inspection we saw/were told that the norm was for one member of staff to be available on reception. There were no arrangements to enable staff to control access to the building. Panic alarms were built into the IT system.

Lessons learned and improvements made

The system to enable staff to learn and make improvements when things went wrong was not operating effectively.

- There was a system for recording and acting on significant events and incidents and a policy was in place. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers at staff's normal place of work supported them when they did so.
- Staff told us they would report incidents through the manager at their usual place of work, these were then forwarded to the WACA incident manager to collate and action.
- The provider did not have adequate systems for reviewing and investigating when things went wrong. Incidents were not shared with the staff who worked within the extended access service and we did not see that these were routinely reviewed at steering group meetings, which were attended by the senior management team.
- On the day of inspection we reviewed significant event 'number two'. We could not track this event through to completion. The provider did not have a process in place to share learning with the whole staff team or disseminate any changes that might be made as a result of the incident.
- Patient safety and medicines alerts were managed and disseminated to staff through their normal place of work. The provider did not have a system in place to manage this or have oversight that these arrangements were effective.

Are services effective?

Good

We rated the service as Good for providing effective services.

However, on the day of inspection the provider could not evidence that staff working within the service had the appropriate skills, knowledge and experience to carry out their roles.

Effective needs assessment, care and treatment

The provider told us they met monthly with hub site managers who had systems to keep the clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Referral processes were in place. Clinicians would create an 'Extended Access Referral' form and then task the patient's own GP practice stating the referral was to be completed. The initial consulting clinician completed all the necessary information including the urgency and speciality fields within the patient notes and ensured detailed information and guidance was visible to the patient's GP. The WACA team would review the status of the referral until it was completed. Changes were due to be implemented in January 2020 regarding the IT system used by the provider which would further support the referral process.

Monitoring care and treatment

- The provider attended monthly meetings with the clinical commissioning group (CCG) and another local federation to review performance, service provision and the needs of patients.
- The provider monitored progress against delivery of the service and completed a document for review by the CCG at the monthly meeting. This included a review of the number of appointments offered, appointments booked and the number of patients who did not attend.
- At the time of inspection the provider did not have a programme of clinical audit. The provider action plan for 2019/2020 stated audit was 'still to be decided'.

Effective staffing

The provider did not have processes in place to assure themselves that each member of staff who worked within the extended access service had the skills, knowledge and experience to carry out their roles.

- Through liaison with the practice managers at each of the hub sites the provider felt assured that staff were appropriately qualified. However, they could not provide any evidence that this assurance had been sought and verified.
- The provider had developed some basic information to provide to new staff. This covered such topics as fire alarms, emergency medicines and door codes. However, on the day of inspection one external staff member told us they had not been given an induction to the service. The provider did not have a recruitment policy.
- At the time of inspection, the provider did not have any processes in place to communicate with all members of staff who worked within the service. We did not see evidence of staff meetings, appraisals, or support for revalidation. We were told that staff would direct any issues through their usual line manager and information was shared with staff through this process.
- The provider could not demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, or non-medical prescribing.
- Clinicians such as physiotherapists and pharmacists were employed through a service level agreement with the provider. Training and competency information were held for these staff. These and other third party contracts, for example the digital platform were reviewed with the CCG.

Are services effective?

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP where necessary, to ensure continuity of care.
- Patient information was shared appropriately, data sharing agreements were in place and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Vulnerable patients were identified via a 'flagging' system on the patient record. All practices whose patients accessed the service shared a common clinical system, as did many community staff.
- The clinicians and services which were available at each hub had been individually assessed. This was to ensure

that the services provided reflected the needs of that specific population. For example, one site had an increased amount of physiotherapy input which reflected patient demand.

- There were clear and effective arrangements for booking appointments.
- Clinicians could refer to out of hours support for patients with mental health issues.

Helping patients to live healthier lives

Staff supported patients to manage their own health and maximise their independence.

- There were systems in place to identify patients who may be in need of extra support.
- Patients were provided with self-care advice when appropriate.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff demonstrated an awareness of the need to take into account the personal, cultural, social and religious needs and preferences. Leaders of the organisation also understood that these needs may differ at each hub site and planned services accordingly.
- On the day of inspection we collected 35 CQC patient comment cards. Patients commented that they felt reassured by the clinician and that staff were caring, respectful and professional. We did not receive any negative patient comments.
- We observed interactions between staff and patients and found staff showed a calm, friendly and welcoming manner.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the hub site practice reception areas, including in languages other than English, informing patients this service was available.
- Patients told us through comment cards, that they felt listened to and supported by clinicians to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand. For example, leaflets and easy read materials were available.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Privacy curtains were in use in clinical rooms. Confidentiality was maintained and consultations could not be overheard.
- Patient feedback reported that staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences at each individual hub site.

- The provider understood the needs of its population and tailored services in response to those needs. The skill mix of clinicians had been reviewed and was tailored to each hub site to respond to patient needs.
- The IT system alerted staff to any specific safety or clinical needs of a person using the service.
- On the day of inspection we saw that the facilities and premises were appropriate for the services delivered. The provider had reviewed the locations of the hub sites in October 2019 to ensure that the service was accessible to as many patients as possible. This included offering an additional alternate Saturday morning clinic at Townhead Surgery which is situated in a rural location.
- A patient survey undertaken by the provider in July 2019 found that of 28 patients, 89% said they were likely or extremely likely to use the extended access service again.
- CQC patient comment cards collected on the day of inspection showed that patients rated the service very highly. Patients said the appointments were convenient and accessible. A number of comments related to the quick and easy access to a physiotherapist and the pharmacist.
- The provider worked closely with the local hospital to ensure attendance at accident and emergency (A&E) was appropriate. Patients inappropriately attending A&E were given details of the video consultation appointments which were available, and staff had been trained in the allocation of these. These appointments enabled the patient to access medical care in a timely manner without attending A&E.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. Patients could choose to attend any site.

- To assist in managing the health needs of the wider community. The federation had a reciprocal arrangement in place with another local GP federation. From 3pm daily, and from 3pm on a Friday for weekend appointments, each provider was able to utilise the appointments of their counterpart to meet patient demand. Shared computer systems ensured continuity of care. Data sharing agreements were in place.
- The service operated from 6.30pm to 8pm Monday to Friday and from 9am to 11am on weekends and bank holidays. Appointments were available at two hub sites per day.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- To make an extended access appointment patients would contact their usual GP practice.
- We spoke with three patients on the day of inspection at two different sites. Patients were very happy with the service offered and the choice of available clinician. However, the patients we spoke with were not aware that the appointments were offered by a different provider, they were not aware that they could access different sites and two patients had not been aware of the service prior to requesting an appointment.

Listening and learning from concerns and complaints

The service told us they would take complaints and concerns seriously.

- The provider had a complaints policy in place but at the time of our inspection they had not received any complaints from patients using their services. The policy stated that if the patient was unhappy with the response of the practice the complaints manager would advise them how to take the complaint further.
- At the hub sites we did not see any information about how to make a complaint or raise concerns with the provider. We discussed this with managers at the service who said they would review this.
- Staff told us that initially concerns or complaints that were raised would be done so through the practice manager of the hub site and relayed to the WACA management team.

Are services well-led?

We rated the service as requires improvement for leadership.

Leadership capacity and capability

Leaders had the capacity, skills and motivation to deliver high-quality, sustainable care.

However, on the day of inspection we found that they had failed to put in place effective governance arrangements to ensure that safe care was consistently delivered and reviewed appropriately and had not gained assurances or audited the physical environments of the five hub sites to assure themselves these locations were fit for purpose. The provider had overlooked the need to gain suitable assurances that staff who worked within the service had the necessary skills and knowledge to do so.

- Leaders had the knowledge, experience, capacity and skills to deliver the service strategy.
- They were knowledgeable about issues and priorities relating to the quality and future of services, the challenges faced by the diverse population they supported and were committed to addressing inequalities.
- Leaders at all levels were visible and approachable. They worked closely with staff, stakeholders, and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with emergency contacts identified.
- Clinicians such as physiotherapist and pharmacists were employed through a service level agreements with the provider. These and other third party contracts, for example the digital platform, were reviewed with the CCG.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The aim of the provider was to deliver high quality care to meet the needs of the three communities of Airedale, Wharfedale and Craven.

- The service developed its vision, values and strategy jointly with patients, staff and external partners such as the CCG and other federations. Leaders were also directing care within the primary care network.
- The provider monitored progress against delivery of the service. They attended a monthly performance meeting with the CCG. This included a review of the number of appointments offered, appointments booked and the number of patients who did not attend.

Culture

The service was working towards the development of high-quality sustainable care.

- Staff we spoke with on the day of inspection were clear that they were delivering a high quality, responsive service and their contribution was valued.
- The service focused on the needs of patients at the individual hub sites.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, this would be through their own manager from their normal place of work and not with the provider of the service. Whilst staff also told us they would highlight concerns, incidents and complaints, we did not see a clear organised process from the provider, for the dissemination, discussion and learning from these incidents.
- The provider was sharing their knowledge, skills and experience with other services.
- The provider did not have plans in place to provide all staff with the development they needed. Competencies, training, recruitment, appraisals, staff vaccinations and communication was managed through the staff members' normal place of work.

Governance arrangements

Systems detailing responsibilities, roles and systems of accountability to support good governance and management continued to be developed and were not fully implemented.

- The provider was in the process of developing appropriate policies and procedures to support good governance. Following our inspection we were sent newly devised policies for lone working and an organisational policy for chaperones. However, at the time of our visit a number of policies were not fully implemented or embedded.

Are services well-led?

- The service held monthly steering group meetings and we were told there was a management governance group in place. The provider did not have a mechanism or procedure for feeding back or discussing service changes and developments with frontline staff.
- Not all staff were clear on their roles and responsibilities in relation to the provider and provider expectations. Feedback to staff and support was sourced through the hub site practice manager.

Managing risks, issues and performance

The provider did not have clear or effective processes for managing risks, issues and performance.

The provider relied heavily on the practice managers of the hub sites to ensure that their systems and processes required to manage a healthcare service were in place.

The provider met with the managers of the hub sites regularly to discuss any issues but these meetings were not documented.

On the day of inspection we spoke with two experienced, competent, practice managers of two hub sites. They were aware of their responsibilities and were able to evidence compliance with legislation and regulations for their sites. However, these practice managers were not employed by the provider and had not been requested to provide documented assurance of site and staff compliance by WACA.

On the day of inspection we were shown a checklist which the provider planned to implement to review issues such as health and safety, infection prevention and control, fire safety and staff competencies and training.

A business continuity plan was in place which included the contact numbers of staff.

The provider had not conducted any clinical audits of the service. We were shown an audit of patient records which had resulted in a number of patients who had remained within the service records being removed appropriately.

The audit also showed that of 11 patient records which were reviewed, 10 patients were deemed appropriate to be seen in the service. The audit of the other patients condition showed that they should have been seen more urgently.

Appropriate and accurate information

The service acted on limited appropriate and accurate information.

- Arrangements for data security and patient confidentiality and data management systems were appropriate.
- The provider reviewed operational information and this was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in steering group meetings with senior managers of the service.
- The service submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', some staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The provider told us they liaised with the managers from the hub sites to review the quality of the service.
- A patient survey was undertaken in July 2019 which showed that of 28 patients, 89% said they were likely or extremely likely to use the extended access service again.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, they were leading on the delivery of a children's mental health project and a shared GP training scheme. There were systems to support improvement and innovation work.
- Working as both a federation and a Primary Care Network, the provider had agreed local and national priorities for the three communities it supported, Airedale, Wharfedale and Craven. This included a focus on child mental health, social prescribing and bringing professionals together.

Are services well-led?

- The provider had representation at a local level within Community Partnerships, the Finance and Performance Committee, the local hospital accident and emergency delivery board and care homes.
- The provider was awaiting functionality to enable NHS Direct to directly book patients who contacted them into a small number of appointments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were not operating effectively, in that they failed to assess, monitor and mitigate the risks to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">•Systems to oversee health and safety issues at all sites were not in place. For example, in relation to fire safety and infection prevention and control issues.•The registered provider did not have effective processes in place in relation to the management, recruitment, training, appraisal, professional registration and disclosure and barring checks of staff.•The registered provider did not have effective systems and processes in place to ensure that policies and procedures were reflective of the service and covered the full range of activity expected of the provider, for example recruitment, lone working and training. The registered provider could not evidence that policies were effectively shared with, communicated to, or embedded into the team. <p>The registered provider did not have an effective system in place for the management and communication of significant events.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.