Central Dales Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Central Dales Practice on 1 June 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to be good for caring and responsive. It required improvement for safe, effective and for being well led. It also required improvement for providing services for all the population groups.

Our key findings across all the areas we inspected were as follows:

- There were enough staff to keep patients safe.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.
- Data showed patients rated the practice higher than others for several aspects of care. Patients were complimentary about the care they received.
- Patients told us the experience of making an appointment was positive and could access appointments when needed.
- The practice encouraged patient and staff feedback and demonstrated it acted on this. There was evidence of improvement action being taken in many areas.
- Staff worked with multidisciplinary teams.
- There were some gaps in management and support arrangements for staff.
- The outcome of patients care and treatment was not always monitored regularly or robustly. Few completed clinical audits were carried out and participation in local audits and benchmarking was limited. The results of monitoring were not always

Summary of findings

used effectively to improve quality. The lack of governance arrangements had resulted in areas such as medicines management not being identified as a risk.
- Medicines were not always safely managed.
- The vision and values for the practice were not well developed.
- We had some concern regarding the leadership at the practice.

We saw several areas of outstanding practice including:

- The practice offered an unfunded service to a local extra care housing scheme by visiting weekly and delivering medicines to older people that lived there.
- The practice offered a medicine drop off service at set locations.
- The practice offered additional pre-bookable appointments on a Tuesday to coincide with various events that took place in the area.

The areas where the provider must make improvements are:

- Ensure the proper and safe management of medicines. Staff must follow policies and procedures in line with current guidance and legislation in respect of the storage, disposal, dispensing and administration of medicines.

In addition the provider should:

- Ensure systems are in place so that all staff have completed relevant mandatory training.
- Ensure governance systems are in place to monitor quality and identify risk.
- Ensure a programme of clinical audit is in place.
- Ensure results of audits are monitored and used effectively to improve quality and deliver improvement.
- Ensure that non-clinical staff have a criminal records check from the Disclosure and Barring Service if they act as a chaperone.
- Ensure systems are in place for the Control of Substances Hazardous to Health (COSHH)

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

There were enough staff to keep patients safe. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was evidence the practice had learned from these and the findings were shared with relevant staff. Systems, processes and practices were not always reliable or appropriate to ensure patients were kept safe, in particular in respect of the management of medicines.

We found appropriate pre-employment checks such as obtaining references and a criminal record check through the Disclosure and Barring Service (DBS) had been carried out for clinical staff. The practice had arrangements in place to assure them that the clinical staffs' professional registrations were up to date with the relevant professional bodies. Records confirmed the required staff had medical indemnity insurance in place. The practice did not carry out DBS checks for non-clinical staff. We were told non-clinical staff were used as chaperones if nursing staff were not available. Non-clinical staff did not have a DBS check and there was no evidence of a written risk assessment to assess the reason why the DBS check was not required.

We found medicines were not always safely managed in line with current legislation and guidance.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services as there are areas where it should make improvements.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Clinical staff led and had received training in specialist areas such as diabetes, heart disease, palliative care and asthma. Not all staff had completed mandatory training such as safeguarding and infection control. There were some gaps in the management and support arrangements for staff.

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The outcome of patients care and treatment was not always monitored regularly or robustly. Few completed clinical audits were carried out and participation in local audits and benchmarking was limited. The results of monitoring were not always used effectively to improve quality.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed patients rated the practice higher than others for several aspects of care. Patients were complimentary about the care they received. They said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We observed staff treating patients with kindness and respect. Discussions with staff and feedback from patients' demonstrated staff clearly wanted to offer care that was kind, caring and supportive and met the needs of the population. Consultation / treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. There was no privacy curtain or screen in the treatment room. Staff told us they locked the door and closed the blind but there was no facility for a patient to dress and undress behind a privacy screen.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment, with urgent appointments available the same day. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints with staff and other stakeholders was evident.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. The vision and values were not well developed. Staff were clear they wanted to deliver high quality care to their patients. There was evidence that a significant amount of change had recently taken place and further changes and areas for development and improvement were being considered. The practice demonstrated, in

Summary of findings

some areas, that they were on a positive journey of improvement – although evidence of the impact of the improvement to support this was minimal at this time. The practice manager demonstrated a proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients.

There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity although we were unable to confirm when they were last reviewed as some were not dated. All staff had received inductions but not all staff had received regular performance reviews. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

The arrangements for governance and performance did not always operate effectively. We found the lack of governance arrangements had resulted in areas such as medicines management not being identified as a risk. There was limited evidence to demonstrate an ongoing programme of clinical audit or re-audit.

We had some concern regarding the leadership at the practice. The risks and issues we identified did not always correspond with what we were told nor were the issues understood by some leaders. We received some conflicting information from the management team. During feedback to the practice we experienced varying levels of acknowledgement regarding the areas we identified as requiring improvement.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider is rated as requires improvement for safety, providing effective services and being well-led.

The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. All patients over the age of 75 years had a named GP. Flu vaccination uptake for patients was above the national average. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice offered an unfunded service to a local extra care housing scheme by visiting weekly and delivering medicines to older people who lived there.

People with long term conditions

Requires improvement

The provider is rated as requires improvement for safety, providing effective services and being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people with long-term conditions.

Nursing staff had lead roles in a limited number of chronic diseases. The practice had identified this as a risk and demonstrated they were supporting nursing staff and the health care assistant to develop their skills in other long term conditions such as asthma and COPD. Not all patients had specific care plans for some long term conditions and again the practice was working to address this. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice carried out a range of screening to promote and prevent ill health for patients with long term conditions. For example, data showed diabetes retinal screening and blood pressure monitoring was above the national average.

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Families, children and young people

Requires improvement

The provider is rated as requires improvement for safety, providing effective services and being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of families, children and young people.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours. The premises were suitable for children and babies with facilities such as breast feeding and baby changing being available. We saw examples of joint working with midwives and health visitors.

The practice provided a range of sexual health, contraceptive, pre-conceptual, maternity and child health services. For example, the practice provided a long acting reversible contraception (LARC) service even though they were not funded for this. Immunisation rates for the standard childhood immunisations programme were below the CCG average for children aged 12 and 24 months and above the CCG average for children aged five years. GPHLI data showed the practice's performance for cervical smear uptake was 82.66%, which was slightly higher than the national average. The practice had a policy to remind patients who did not attend for cervical smears.

Working age people (including those recently retired and students)

Requires improvement

The provider is rated as requires improvement for safety, providing effective services and being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of working age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online and telephone services such as appointments and repeat prescription ordering. The practice offered a range of health promotion and screening that reflected the needs for this age group.

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People whose circumstances may make them vulnerable

Requires improvement

The provider is rated as requires improvement for safety, providing effective services and being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group.

The practice worked with multi-disciplinary teams in the case management of those patients who had been identified as vulnerable. Care plans were in place for 2% of the most vulnerable patients. Regular meetings took place to discuss these patients. Flu vaccination uptake for patients at risk was above the national average. Staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Not all staff had completed safeguarding training.

The practice held a register of patients with a learning disability. These patients did not have care plans in place or programmed annual health checks. The practice did not have a record of patients who were housebound. They told us they had started to engage with district nurses regarding identifying those patients who may be housebound.

The practice did not have a protocol in place for monitoring patients who were prescribed certain high risk medicines. We were provided with conflicting information from GPs regarding this.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider is rated as requires improvement for safety, providing effective services and being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

95% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had signed up to the advanced dementia screening scheme and demonstrated this was being actively managed. The practice had well established regular psychiatric liaison meetings. Counselling services were available at both practices on alternate weeks. Cognitive behavioural therapy was accessed through this service which the practice referred into.

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The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

We spoke with four patients who were using the service on the day of our inspection, received e-mails from 11 members of the Upper Dales Healthwatch (UDHW) and reviewed 26 completed CQC comment cards. The feedback we received was all positive. Staff were described as excellent, efficient, friendly, helpful, kind and responsive. They said making and getting an appointment was easy and the practice was timely with any treatment.

The GP Patient Survey results (an independent survey run by Ipsos MORI on behalf of NHS England) published on 8 January 2015 showed the practice scored above 95% in 12 out of the 23 questions and above 90% in 7 out of the 23 questions. Three questions ranged between 40% and 88%.

There were 253 surveys sent out, 138 returned, giving a completion rate of 55%. This equates to 3% of the practice population.

We looked at the results of the Friends and Family Test for April 2015. Of the seven responses received during this time, all were extremely likely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

Ensure the proper and safe management of medicines. Staff must follow policies and procedures in line with current guidance and legislation in respect of the storage, disposal, dispensing and administration of medicines.

Action the service SHOULD take to improve

Ensure systems are in place so that all staff have completed relevant mandatory training.

Ensure governance systems are in place to monitor quality and identify risk.

Ensure a programme of clinical audit is in place.

Ensure results of audits are monitored and used effectively to improve quality and deliver improvement.

Ensure that non-clinical staff have a criminal records check from the Disclosure and Barring Service if they act as a chaperone.

Ensure systems are in place for the Control of Substances Hazardous to Health (COSHH)

Outstanding practice

The practice offered an unfunded service to a local extra care housing scheme by visiting weekly and delivering medicines to older people that lived there.

The practice offered a medicine drop off service at set locations.

The practice offered additional pre-bookable appointments on a Tuesday to coincide with various events that took place in the area.

Central Dales Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two CQC specialist advisors; a GP and a practice nurse.

Background to Central Dales Practice

The Central Dales Practice (main practice) is situated in Hawes. There is also a practice at Aysgarth (branch practice). The registered patient list size of the practice is 4,264. The overall practice deprivation is on the eighth least deprived decile. Deprivation is ten per cent less than the national England average. There is a mix of male and female staff at the practice. Staffing at the practice is made up of four GP partners, two practice nurses, a health care assistant, two dispensary supervisors and six dispensers. There is a practice manager and a range of administration staff.

The practice offers a mixture of open access appointments and booked appointments daily at both practices. Open access appointments are available every weekday morning at the main practice from 08:45 to 10:15 and Tuesday until 10:45 and at the branch practice from 09:00 to 10:30. Pre-booked appointments are available every weekday afternoon at the main practice from 17:00 to 18:00 and at the branch practice from 16:00 to 17:30. Additional pre-booked appointments are also available on Tuesdays at the main practice from 13:30 to 16:00. As part of the Prime Ministers Challenge Fund the practice offers appointments on a Wednesday from 18:00 to 20:00. This service ends in June. The take up of this service was negative and will no longer be offered. Reception at the main practice is open for enquiries and prescriptions from 08:45 to 18:00 Monday, Wednesday, Thursday and Friday and Tuesday from 08:45 – 16:00 and at the branch practice from 08:45 to 17:30 daily. The out of hours service is commissioned by Harrogate District Foundation Trust.

The practice has a general medical service (GMS) Contract under section 84 of the National Health Service Act 2006.

Why we carried out this inspection

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We asked Hambleton, Richmondshire and Whitby CCG to tell us what they knew about the practice and the service provided. We reviewed some policies and procedures and other information received from the practice prior to the inspection.

We carried out an announced inspection on 1 June 2015 of the main practice in Hawes. We did not inspect the branch practice at Aysgarth. During our inspection we spoke formally with six members of staff. This included two GP partners, a nurse, a health care assistant, a dispenser/ receptionist and the practice manager. We received electronic information from the Hon. Secretary of the Upper Dales Health Watch which acts as the Patient Participation Group for the Central Dales GP Practice. We also contacted by 11 members of this group. We also spoke to four patients who attended the service that day for treatment. We reviewed comments from 26 CQC comments cards which had been completed.

We observed interaction between staff and patients in the waiting room.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We identified the monitoring and reviewing of significant events was a relatively new arrangement at the practice. Therefore we were only able to view their analysis for the last 12 months.

Systems, processes and practices were not always reliable or appropriate to ensure patients were kept safe, in particular in respect of the management of medicines.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so. There were records of significant events that had occurred during the last two years. Events were reviewed at practice meetings and we saw an annual review of these had been introduced. The report for 2014 to 2015 showed actions had been taken when a trend had been identified and learning shared with staff. For example, bar coding had been introduced in the dispensary in February 2015 as the practice identified in their annual review that 44% of their significant events related to dispensing. However, there was no evidence of a plan made available to us to re-audit the new system to see whether it was working.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at meetings and circulated to staff. Recent changes had been introduced to ensure all clinical staff met regularly to improve information sharing and recording of meetings.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Staff knew how to recognise signs of abuse in older patients; vulnerable adults and children although records showed not all staff had completed role specific training in safeguarding children and adults. They were aware of their responsibilities and knew how to share information. They recorded safeguarding concerns and most staff knew how to contact the relevant agencies, in working hours and out of normal hours.

The practice had a dedicated GP as lead for safeguarding vulnerable adults and children. They had been trained to level 3 and could demonstrate they were able to fulfil this role.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy in place and posters promoting this service were visible in the waiting room and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). We were told only staff that had been trained and had a criminal record check from the Disclosure and Barring Service (DBS) would act as a chaperone. Records showed some non-clinical staff had completed chaperone training. We were given conflicting information as to whether non-clinical staff were used as chaperones if nursing staff were not available. Non-clinical staff did not have a DBS check and there was no evidence of a written risk assessment to assess the reason why the DBS check was not required.

Medicines management

The practice had written procedures in place for the production of prescriptions and dispensing of medicines. The practice had recently signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. All the dispensing staff had completed or were in the process of completing the appropriate National Vocational Qualification (NVQ) training and all had had their competency reviewed.

Staff reported incidents and errors. Action was taken to minimise the chance of similar errors occurring again. We

saw processes in place for managing national alerts about medicines, such as safety issues. Records showed the alerts were distributed to relevant staff and appropriate action taken.

There was a system for managing the repeat prescribing of medicines. Dispensary staff controlled the ordering and supply of repeat prescriptions and the GPs oversaw this. Patients could order their medicines in person, on line, by telephone or by post. Prescriptions were only dispensed and supplied to patients after they were signed by the GP which followed current best practice. Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance. PGDs were up to date and there were clear processes in place to ensure the staff that were named in the PGDs were competent to administer vaccines.

Changes in patients' medicines, for example when they had been discharged from hospital, were checked by the GP who made any necessary amendments to their medicines records. We had some concerns regarding the systems and process the practice had in place in respect of the management of patients taking some high risk medicines. For example, we received conflicting information regarding the appropriateness of the systems for the management of Disease-modifying anti-rheumatic drugs (DMARDs) and Lithium.

We checked the dispensary; treatment rooms, medicine refrigerators and GPs' bags and found most medicines were safely stored with access restricted to authorised staff. Procedures were in place for ensuring medicines that required cold storage were kept at the required temperatures. The practice did not follow national guidelines in relation to the storage and destruction of controlled drugs. (Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse). We saw controlled drugs had not been disposed of, for two years, in line with waste regulations. Returned and expired controlled drugs were also not stored in line with national guidance and were stored with controlled drugs that were in current use. Processes were in place to check medicines were within their expiry date and suitable for use in the dispensary but not within GP bags. We saw out of date medicines in one GPs bag and out of date items such as swabs and syringes in another. There was limited evidence of medicines audits being carried out. We were provided with one audit related to the medicine warfarin that had been completed as part of the DSQS. The last audit of the dispensary we were shown was dated 2011. There were no audits of controlled drugs or vaccine stocks carried out.

The practice told us an agreement had been made whereby patients not registered with the practice could have their medicines dispensed and supplied to them on occasions when nearby community pharmacies were closed. In normal circumstances this is not part of the GP dispensing contract as medicines can only be dispensed and supplied to registered patients. During and after the inspection the practice could not provide any formal information about this agreement and how the governance of this was managed.

Not all blank prescription forms were handled according to national guidelines and kept securely. There was no monitoring arrangement for handwritten prescriptions supplied to GPs.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

A basic infection control policy was in place. This was not dated and there was no date recorded for review. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice had carried out a legionella risk assessment.

All staff received induction training about basic infection control. The HCA was the lead for infection control although records showed them and some other staff had not completed infection control training. Infection control audits had been carried out. They showed action had been taken to address issues identified for improvement. There was a plan in place to address outstanding issues. For

example, the practice was obtaining quotes for sanitary bins to be installed at the practice and to employ a company to manage all aspects of cleaning and Control of Substances Hazardous to Health (COSHH) arrangements as COSHH arrangements were not currently in place.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We saw evidence of calibration of most equipment; for example weighing scales and blood pressure measuring devices. We noted the spirometer being used had not been calibrated. We were told this was being replaced. We received confirmation after the inspection that the fire extinguishers that were due to be tested in May 2015 had been.

Staffing and recruitment

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice had arrangements in place for ensuring adequate staffing levels were maintained at all times. They followed a staffing policy which set out the minimum number of staff to be available at the practice and branch practice at any given time. Records confirmed maintaining adequate staffing cover was discussed at practice meetings.

The practice had a basic recruitment policy that detailed what checks the practice would carry out before a person commenced employment. This included checking professional registrations, right to work checks and disclosure and barring services (DBS) checks. We looked at records relating to the most recently recruited clinical and non-clinical staff. Appropriate pre-employment checks such as obtaining references and a criminal record check through the DBS had been carried out for clinical staff. The practice had arrangements in place to assure the clinical staffs' professional registrations were up to date with the relevant professional bodies. Records confirmed the required staff had medical indemnity insurance in place. The practice did not carry out DBS checks for non-clinical staff (administrative and dispensing) and there was no evidence this decision was based upon a written risk assessment.

Monitoring safety and responding to risk

The practice had some policies relating to health and safety and there was some information available for patients and staff to refer to. The practice manager managed health and safety and we saw evidence to show they had started to put measures in place to monitor this more closely. Identified risks were discussed at practice meetings and the practice manager had put in place an action plan to address immediate risks although the actions were not always timely, meaning the risk still remained. For example, the action plan had identified access to the building via an unsecure back door as an issue yet at the time of the inspection this door remained unsecure. We also found some areas had not been identified as risks and was therefore not being monitored.

The practice had well established multi-disciplinary relationships with other healthcare professionals. The practice identified most high risk patients through the use of a bespoke healthcare intelligence tool, multi-disciplinary meetings and patient care plans. We identified some patients who may be vulnerable that had either not been identified or who did not have care plans and scheduled annual reviews in place. For example the practice held a register of patients with a learning disability. These patients did not have care plans in place or programmed annual health checks. The practice did not have a record of patients who were housebound although they told us they had started to engage with district nurses regarding identifying those patients who may be housebound.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. Records showed some staff had received training in basic life support. Emergency equipment appropriate for children and adults was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they knew the location of this equipment and records confirmed it was checked regularly.

Emergency medicines for use in the practice were available in secure areas of the practice. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether these emergency medicines were within their expiry date and suitable for use. Medicines for use in the

Requires improvement

Are services safe?

practice were in date and fit for use. Emergency medicines stored within GP bags were not always in date and there was no process in place for checking their suitability for use.

A business continuity plan was in place, which staff were aware of, to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, incapacity of staff, adverse weather, unplanned sickness and access to the building. The plan contained relevant contact details for staff to refer to.

An external company had carried out a fire risk assessment. It included actions required to maintain fire safety. These actions were in the process of being actioned. Records showed some but not all staff had completed fire training. We were told the practice had appointed fire wardens although records showed they had not completed fire training. Information on what to do in the event of a fire was displayed in staff areas and by the end of the inspection this was also displayed within patient waiting areas.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE), local commissioners and a range of other sources. We found from our discussions with the GPs and nurses that they completed thorough assessments of patients' needs in line with NICE guidelines.

Clinical staff led and had received training in specialist areas such as diabetes, heart disease, palliative care and asthma. The staff we spoke with were open about asking for and providing colleagues with advice and support. The practice had recently introduced clinical meetings for GPs and nursing staff to improve communication between these groups of staff and to enable them to review and discuss new best practice guidelines. Records confirmed these arrangements had been put in place.

The practice held a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. As part of this contract, quality and performance was monitored using the Quality and Outcomes Framework (QOF). The QOF data for this practice showed it was performing above national standards and had achieved a score of 97% which was above the national average of 94%.

The practice had systems in place to manage patients who were either about to access or had accessed secondary care (hospital). Clinical staff confirmed they used national standards for the referral of patients with suspected cancers. Records showed there had been some instances where such guidance was not always followed.

Discrimination was avoided when making care and treatment decisions. Interviews with all staff showed the culture in the practice was that patients were cared for and treated based on need. They took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had roles in monitoring and improving outcomes for patients. For example the recall of patients with long term conditions.

The practice was following the gold standards framework for end of life care. It had a palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice had recently joined the 'Heartbeat Alliance' a federation of other practices in the CCG. They were in the initial stages of exploring sharing nurse resources from within other practices and working with district nurses to better utilise resources and skills.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The team was making some use of clinical audit tools and there was evidence of improvement being made in monitoring the clinical performance of staff. For example the practice had recently introduced a new programme of staff meetings and was formalising the supervision and appraisal arrangements.

The outcome of patients care and treatment was not always monitored regularly or robustly. Few completed clinical audits were carried out and participation in local audits and benchmarking was limited. The results of monitoring were not always used effectively to improve quality. The practice showed us six clinical audits that had been undertaken in the last five years. We were also told of at least another two although there were no records to support these. Of the six audits, one was a completed audit, carried out between 2010 and 2012. This related to the prescribing of a certain medicine. The completed audit cycle demonstrated a significant improvement in the adherence to guidelines when prescribing this medicine. The practice could not provide us with any recent completed audit cycles. Of the six audits provided to us, one was not an audit but a review of deaths at the practice and most were basic with limited evidence to demonstrate how the practice would take forward and address areas that needed improvement. For example, the practice had identified the percentage rate of two week referrals for suspicion of cancer needed to improve. The action plan showed the practice was going to ensure that all GPs referred suspicious cancers under the two week rule but it did not show how they were going to do this or when this would be reviewed. The audit processes were not well developed and a number of initiatives had not been followed through at that time - therefore we were not able to confirm the effectiveness of the changes.

Requires improvement

Are services effective?

(for example, treatment is effective)

Effective staffing

Practice staffing included medical, nursing, managerial, dispensing and administrative staff. We reviewed staff training records and saw not all staff were up to date with attending mandatory courses such as annual basic life support, infection control and safeguarding. We noted a good skill mix among the GPs, with some GPs having additional diplomas in areas such as sports medicine and Obstetrics and Gynaecology. All GPs were up to date with their yearly continuing professional development requirements and all had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Practice nurses were expected to perform defined duties and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles were also able to demonstrate they had appropriate training to fulfil these roles. Our interviews with staff confirmed the practice was proactive in providing training and funded or obtained funding for relevant courses. For example the healthcare assistant had been supported, with funding from The Primary Care Training Centre and North Yorkshire and Humber Commissioning Support Unit, to undertake diabetes training to support the practice nurses.

There were gaps in the management and support arrangements for staff, such as appraisal, supervision and competency assessment. Some staff had them and some did not. The practice told us they were aware of this and were planning to introduce changes to the supervision and appraisal system. We saw some evidence to confirm this.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. The practice had recently signed up to the CCG initiative 'year of care planning' and was exploring the use of nursing resources across practices and in the community. They had also started to work with district nurses to identify patients who were housebound as the practice did not have a list of such patients in place.

Blood test results, x ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a buddy arrangement in place for reviewing laboratory results to ensure they were actioned daily.

The practice provided a range of enhanced services. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). Examples included avoiding unplanned admissions and minor surgery. Other examples included acute retention catheterisation, deep vein thrombosis (DVT) diagnosis and warfarin management. These were all particularly beneficial due to the rural location of the practice and the proximity of the nearest hospital being a significant distance away. The practice had systems and identified leads in place to deliver and monitor its performance against the enhanced services and we saw completed data returns to the CCG to demonstrate the delivery of enhanced services.

The practice held or attended multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, and palliative care nurses. Decisions about care planning were documented in a shared care record. Staff felt this system worked well.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We did not see any evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

We found staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004. The clinical staff we spoke

Requires improvement

Are services effective?

(for example, treatment is effective)

with understood the key parts of the legislation and were able to describe how they implemented it in their practice. The practice had policies in place relating to consent. Some staff had received training in this area.

Some but not all patients were supported to make decisions through the use of care plans. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated an understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures.

Health promotion and prevention

The practice offered health checks for new patients registering with the practice. The practice used their contact with patients to help improve or maintain mental, physical health and wellbeing. For example, the practice offered opportunistic chlamydia screening to patients and smoking cessation support to smokers. Records showed the practice was involved in a programme to support patients to quit smoking within four weeks and actively monitored their performance against this. There was evidence they were having some success in this area. The practice had a programme of regular multi-disciplinary meetings, including regular psychiatric liaison meetings. Third sector services, such as Red Cross and Richmondshire District Council weight management team were invited to attend practice meetings. Information shared by this sector was then passed on to patients.

The practice carried out a range of screening to promote and prevent ill health for patients with long term conditions. For example, data showed diabetes retinal screening and diabetes blood pressure monitoring was above the national average. We were told the practice planned to work towards ensuring that more specific care plans were in place for diabetic patients and those with COPD. All patients over 75 years had a named GP and care plans were in place for 2% of the most vulnerable patients. The General Practice High Level Indicators (GPHLI) data showed the practice's performance for cervical smear uptake was 82.66%, which was slightly higher than the national average. The practice had a policy to remind patients who did not attend for cervical smears. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for the childhood immunisation programme was above average for the CCG for some and below for others. There was a policy for following up non-attenders for the childhood immunisations by the named practice nurse. The uptake of flu vaccinations for the over 65s and those at risk was above the national average. The practice provided a range of sexual health, contraceptive, pre-conceptual, maternity and child health services. For example, the practice provided a long acting reversible contraception (LARC) service even though they were not funded for this.

We identified some shortfalls in this area for some population groups. For example the practice did not have care plans in place for any of their patients with a learning disability and they were not having structured annual health checks. The practice did not have a register of patients who were housebound.

During certain times of the year the practice area saw a large number of temporary residents. For example, travellers and people on holiday in the area. They offered services to these patients when they visited the practice as temporary residents. They promoted the practices rota and minutes of the PPG meeting in the local Upper Wensleydale newsletter.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included results from the national GP patient survey published on 8 January 2015, 26 CQC comment cards and the results of the friends and family test for April 2015. The evidence from these sources showed a high level of satisfaction with the way patients were treated and this was with compassion, dignity and respect. The national GP patient survey showed 92% of respondent patients described their overall experience of the surgery as good. This was slightly lower than the CCG average of 94% and above the national average of 68%. The data also showed 93% of patients said the GP and last nurse they saw or spoke to was good at giving them enough time. This was above the CCG and national average. The results of the friends and family test for April 2015 showed that of the seven responses received during this time, all were extremely likely to recommend the practice.

Patients completed CQC comment cards to tell us what they thought about the practice. All the comments were positive about the care patients experienced. Staff were described as caring, helpful, excellent, responsive and friendly. Electronic feedback we received from members of the PPG was positive and aligned with these views.

We noted consultation / treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. There was no privacy curtain or screen in the treatment room. Staff told us they locked the door and closed the blind but there was no facility for a patient to dress and undress behind a privacy screen.

The practice had made changes to the reception area to improve patient confidentiality. We saw staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so confidential information was kept private. The practice advertised the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

Feedback from patient sources showed they responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. For example, data from the national patient survey showed the proportion of respondents to the GP patient survey who stated the GP was good or very good at involving them in decisions about their care was above the national average; 83% compared to 75% and 75% compared to 66% nationally in respect of the nurse. Both figures were equal to the CCG average. This was aligned to feedback we received.

Patients we spoke with told us health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the CQC comment cards we received was extremely positive and aligned with these views.

Patient/carer support to cope emotionally with care and treatment

Discussions with staff and feedback from patients' demonstrated staff clearly wanted to offer care that was kind, caring and supportive and that met the needs of the population. All the feedback we received was aligned to this. We observed person centred interactions between staff and patients.

The practice had a system in place for supporting patients and families who were bereaved. We were told a visit was carried out following bereavement and staff from the practice regularly attended patients' funerals.

Data from the national GP survey showed 91% said the last GP and 90% said the last nurse they saw or spoke to was good at treating them with care and concern. This was above the national average of 83% for GPs and 78% for nurses. Both figures were slightly higher than the CCG average. 91% also said the GP and 93% said the nurse was good at listening to them which was above the national average.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and clinical commissioning group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw examples which demonstrated the practices commitment to involving itself in the local community and with other organisations. For example, the practice offered an unfunded service to a local extra care housing scheme by visiting weekly and delivering medicines to older people that lived there. We were told by members of UDHW how the practice responded to patients needs and worked to deliver improvements for patients.

The practice provided numerous in house services and tests that in some practices would need to be undertaken in hospital. For example, warfarin monitoring, acute retention catheterisation and DVT diagnosis management. These services meant patients could be treated closer to home and this was of significant benefit due to the population of the area in their rural location and the nearest hospital being approximately an hour away. The practice also provided other in house services including minor surgery and minor injury assessment and treatment which were again particularly useful as the practice saw transient patients during certain times of the year.

Tackling inequity and promoting equality

Not all staff were aware of how to access translation services for patients whose first language was not English.

The practice was situated on the ground floor. Consulting rooms and corridors were accessible to all patients which made movement around the practice easy and helped to maintain patients' independence. We saw the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The seats in the waiting area were all of one height and size allowing no variation for diversity in physical health. An audio loop was available for patients who were hard of hearing. Accessible toilet facilities were available as well as baby changing facilities. Parking was available for all patients.

Access to the service

The practice offered a mixture of open access appointments and booked appointments daily at both practices. Open access appointments were available every weekday morning at the main practice from 08:45 to 10:15 and Tuesday until 10:45 and at the branch practice from 09:00 to 10:30. Pre-booked appointments were available every weekday afternoon at the main practice from 17:00 to 18:00 and at the branch practice from 16:00 to 17:30. Additional pre-booked appointments were also available on Tuesdays at the main practice from 13:30 to 16:00. As part of the Prime Ministers Challenge Fund pilot called 'Open for Longer' the practice offered appointments on a Wednesday from 18:00 to 20:00. This service ends in June. The take up of this service was negative and will no longer be offered. Reception at the main practice was open for enquiries and prescriptions from 08:45 to 18:00 Monday, Wednesday, Thursday and Friday and Tuesday from 08:45 – 16:00 and at the branch practice from 08:45 to 17:30 daily. The out of hours service was commissioned by Harrogate District Foundation Trust. As part of the Prime Ministers Challenge Fund pilot patients could pre-book into evening and weekend appointments across a number of sites over Hambleton and Richmondshire.

The data we reviewed and the feedback from patients about the appointment system showed a generally high level of satisfaction. Patients could make their appointments in different ways, either by telephone, face to face or online, via the practice website. Consultations were provided face-to-face at the practice, by telephone or by means of a home visit by the GP. The practice was in the initial stages of setting up consultations by e-mail. All patients said they could book appointments in advance and could get an emergency appointment if needed.

Patients told us the experience of making an appointment was positive. They said staff were friendly. The national GP survey results were aligned to this. 92% of respondents described their experience of making an appointment as good; which was significantly higher than the national

Good

Are services responsive to people's needs?

(for example, to feedback?)

average of 74% and slightly higher than the CCG average. 95% found it easy to get through to the surgery by phone which was significantly higher than the national average of 72% and higher than the CCG average of 87%.

Patients told us they could always get an appointment but waiting times could be lengthy at times due to the sit and wait service. The national GP survey results were aligned to this. 93% of respondents said they were able to get an appointment to see or speak to someone the last time they tried, which was higher than the national average of 85% and the CCG average of 92%. Whilst some patients said they may have to wait a period of time to see the GP if they attended a sit and wait appointment they said this was a crucial service and benefited patients. 40.2% of respondents to the national GP patient survey said they usually waited 15 minutes or less after their appointment time to be seen which was significantly lower than the national average of 65.2% and the CCG average of 70.7%. The practice saw a number of temporary residents usually holiday makers and the sit and wait service worked well for managing these patients.

The practice demonstrated how they supported the local community to receive their medicines. For example, they offered a drop off service at set locations and delivered medicines to a local sheltered housing service. They also demonstrated how they adjusted their appointment times in response to the local community. For example, the practice offered additional pre-bookable appointments on a Tuesday to coincide with various events that took place in the area every Tuesday.

Appointments were open to patients to book in advance. The practice coordinated their appointments to reduce the number of times a patient had to visit the practice and where necessary, longer appointments were offered. Information was available to patients about making appointments and what action patients should take if they required attention outside of practice opening hours or in an emergency. This was available on the practice website and in the practice leaflet. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information on how patients could make a complaint was available to patients in a number of areas; including the practice website and practice leaflet.

The practice had received three complaints specific to the practice in the last twelve months. Records showed complaints had been dealt with in a timely way and were open and transparent. There was an active review of complaints and where appropriate improvements made as a result. Positive feedback from patients was also shared and celebrated among the staff.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

Staff were clear their aim was to deliver high quality care to their patients. The vision and values were not well developed. The practice did not have set vision and values or a mission statement in place. There was no formal business plan in place for the medium and long term. However, they demonstrated they were beginning to explore the vision and strategy for the practice and had plans to develop and expand service provision although these plans had not been formally documented or embedded. They had begun work on setting out the practices identity and had a short term plan in place to address some immediate issues that had been identified. We saw some evidence the practice was starting to engage in new initiatives to deliver an improved patient experience.

Governance arrangements

The practice had some policies and procedures in place to govern activities and these were available. We looked at a sample of these. Some were detailed with a date for review and some were basic with no date on to show when they were created or when they were due for review. Further policies and procedures were in the process of being developed.

A leadership structure was in place with staff in lead roles. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us they were consolidating changes at the practice and the governance arrangements were improving. For example, a programme of meetings for all clinical staff had been introduced.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.

The arrangements for governance and performance management did not always operate effectively. We found the lack of governance arrangements had resulted in areas such as medicines management not being identified as a risk. Few completed clinical audits were carried out and participation in local audits and benchmarking was limited. The results of monitoring were not always used effectively to improve quality. The practice had some arrangements for identifying, recording and managing risks although these were not always followed up or followed up in a timely way. For example we identified gaps in the completion of mandatory training and saw security had been identified as a risk but no arrangements had been put in place to mitigate the risk whilst remedial works were undertaken.

Leadership, openness and transparency

A leadership structure was in place. Staff mostly demonstrated a transparent style and accepted that whilst a significant amount of improvement had been made that further improvements needed to be delivered. Staff were committed to drive for improving quality of care and patients experiences. We were told there was an open culture at the practice. Staff told us they had the opportunity and were encouraged to raise issues.

We were told by members of the Upper Dales Health Watch (UDHW) about the excellent relationship they had with the senior partner and practice manager. They told us the practice manager who was relatively new to the practice had made significant improvements at the practice and was committed to moving the practice forward. We saw multiple examples to demonstrate this. For example, the practice had engaged in working with the Federation to explore the use of nursing resources and was in the initial stages of following the Productive General Practice Programme.

A synopsis of the meetings of UDHW were sent to the local Press, member Parish Councils, local Health Scrutiny Committee/Health & Well Being Board, the local Member of Parliament, Yorkshire Ambulance Service and HRWCCG. The information was also displayed in both surgeries. Minutes of the meeting were also placed on Richmondshire District Council's Parish Connect website and in the Upper Wensleydale Newsletter as a centre page spread.

The practice manager was responsible for human resource policies and procedures and had systems in place to ensure these were reviewed and read by staff. We reviewed a range of policies to support staff in their role, for example disciplinary procedures, induction policy, bullying and harassment and the management of sickness which were in place to support staff.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients in a variety of ways. For example, through the friends and family test, comment cards, complaints received, the PPG, practice open evenings and public meetings. We saw numerous examples to demonstrate the practice encouraged feedback and acted on it. UDHW told us the senior partner had encouraged patients to make suggestions to improve quality and the practice manager responded positively to suggestions. For example, we saw changes had taken place to improve the physical appearance of the practice and to improve confidentiality.

The practice had an active patient participation group (PPG) in the form of the UDHW. We were contacted by members of the group who shared their positive experiences with us. They told us the practice engaged well with the group and the community. They told us how a public meeting had taken place last Autumn to share information and answer questions from the public. Recruitment to the group was evident. Records showed the PPG were an integral part of the community. The practice demonstrated they involved the PPG, listened to and encouraged feedback and where possible implemented changes. We were told that any changes being introduced at the practice were discussed with the PPG first.

The practice had gathered feedback from staff through meetings, appraisals and discussions. The practice manager had put in place an issues board as part of the productive general practice programme for staff to write ideas about what could improve. The practice manager talked through some of the items that had been written and the actions they were planning to take.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. The practice manager had sourced funding for the health care assistant to undertake diabetes training to support the practice nurses and for the practice to be engaged in CCG initiatives. They said they were allowed time to reflect on their practice. We were told by the nurse how they had reflected on spirometry assessments for patients and had requested a second spirometer to improve care for patients. We looked at staff files and saw some but not all staff had learning plans in place. The practice was in the early stages of consolidating the informal appraisal arrangements that were in place for a more formal two way process between manager and staff member.

There had been recent changes in the management structure at the practice. There was evidence that a significant amount of change had recently taken place and further changes and areas for development and improvement were being considered. The practice demonstrated, in some areas, that they were on a positive journey of improvement – although evidence of the impact of the improvement to support this was minimal at this time. The practice manager demonstrated a proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients. We saw examples of how they were actively exploring new initiatives for the practice to be involved in as well as engaging in academic studies. For example they had recently been accepted onto the NHS Leadership Academy senior leadership programme.

We had some concern regarding the leadership at the practice. The risks and issues we identified did not always correspond with what we were told nor were the issues understood by some leaders. We received some conflicting information from the management team. During feedback to the practice we experienced varying levels of acknowledgement regarding the areas that were identified as requiring improvement.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 (2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – the proper and safe management of medicines** **The practice did not follow policies and procedures in line with current guidance and legislation in respect of the storage, disposal, dispensing and administration of medicines.**

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.