

# Dr Jonathan Smith

## Quality Report

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

## Ratings

Overall rating for this service

Good



Are services effective?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced inspection of this practice on 20 November 2014 during which a breach of a legal requirement set out in the Health and Social Care Act (HCSA) 2008 was found:

- Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff (which corresponds to Regulation 18 of the HCSA 2008 (regulated Activities) Regulations 2014

On the 13 April 2015 we commenced a focussed inspection where we asked the practice to send us information to evidence that they now met legal

requirements. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Jonathan Smith on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- The practice had addressed the issue identified during the previous inspection and was now ensuring that staff appraisals for all employees were carried out on an annual basis

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services effective?**

The practice is rated as good for providing effective services.

Action had been taken to address the concerns raised during our previous inspection in November 2014. There were effective arrangements in place to ensure staff were receiving regular appraisals which allowed the practice to identify their personal development needs.

**Good**



# Dr Jonathan Smith

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector.

## Background to Dr Jonathan Smith

The Glenridding Health Centre is based in a very rural area and is situated on the edge of Lake Ullswater. It has a small practice population of just over 700 patients. This number fluctuates during the year, due to the local tourist trade.

Many new patients register at the start of the tourist season

when they come to work in local services, including hotels, catering and recreational services and then leave at the end of the season. These patients are often from a diverse range of nationalities that come to Glenridding and surrounding areas for work.

Dr Smith is the lead GP and registered provider of the service. There is also a female associate GP, a practice nurse, a practice manager, three dispenser / receptionists and a cleaner working at the practice. The practice is a training practice and therefore normally has a GP registrar. However, there was none allocated at the time of our inspection.

The practice is commissioned to provide services within a Personal Medical Services (PMS) agreement with NHS England. The practice provides primary medical care services to patients in the area around Glenridding, Ullswater, Troutbeck, Greystoke, Dacre, Stainton, Eamon Bridge and Penrith. Glenridding Health Centre is a dispensing practice. This means under certain criteria they can supply eligible patients with medicines directly.

All patient services are delivered from the ground floor. There are two consultation rooms, a treatment room and reception and waiting area. There are good access facilities for patients with physical disabilities and there is a disabled parking bay outside the building. There is a large National Trust car park to the rear of the building, which patients can use if they inform reception staff of their car registration on arrival.

The service for patients requiring urgent medical attention out of hours is provided by Cumbria Health on Call Ltd (CHOC).

## Why we carried out this inspection

We undertook a review inspection of Dr Jonathan Smith on 13 April 2015. We asked the practice to send us evidence to confirm that improvements to meet legal requirements had been made following our comprehensive inspection on 20 November 2014. The review inspection focused on one of the five questions we ask about services; is the service effective? This is because the service was not meeting a legal requirement in this domain when we inspected on 20 November 2014.

## How we carried out this inspection

On the 13 April 2015 we contacted the practice by telephone and email and asked them to confirm that they had implemented an appraisal system and requested that they supply evidence to that effect.

## Detailed findings

The practice manager was able to send us a schedule confirming that all staff had been appraised since the inspection on 20 November 2014. The schedule also showed that yearly appraisals had been planned.

We were also sent a copy of an anonymised appraisal which showed that personal development and training requirements were identified, discussed and acted upon.

On the 14 April 2015 we spoke to a non clinical member of staff who confirmed that appraisals had taken place and staff had been given a formal opportunity to discuss concerns, personal and professional development and training. We also spoke to the practice nurse on the 16 April 2015 who confirmed the same.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected the practice in November 2014 we identified an area of concern in relation to effective staffing:

- The practice was not carrying out regular staff appraisals We asked to see appraisal records for two staff members but neither staff member had received an appraisal within the last year. The nurse who had worked at the practice just over one year had not had an appraisal whilst working at the practice. We were concerned this meant staff did not have the opportunity to formally discuss their work, identify their learning needs and create and agree a personal development plan to ensure they kept their knowledge and skills up to date. The Practice Manager and GP told us as they were a small practice with a low numbers of staff, they could have informal discussions with staff about personal development. However, none of these were documented.

During the review inspection on 13 April 2015 we asked the practice manager to provide evidence that appraisals had taken place and would be reviewed on an annual basis. We also asked for evidence that identified personal development needs and training requirements had been acted upon.

The practice manager was able to provide a timetable and diary entries confirming that all staff had been appraised since our previous inspection and annual reviews were now scheduled. The practice manager was also able to provide an anonymised copy of an appraisal which further confirmed that the views of staff members had been sought and personal development needs and training requirements had been identified and acted upon. This included training in the use of a new Spirometer for the Practice Nurse and enhanced and on going word processing skills training for one of the reception staff. We also carried out telephone interviews with members of staff who confirmed that an effective appraisal process was in place and that this did give them an opportunity to discuss personal development and training needs.