

Dyneley House

Inspection report

GP Services provided by Dr Michael Gould & Dr Jawad Abu Al-Timman to their registered NHS patients who reside at:

10 Allerton Hill
Chapel Allerton
Leeds
West Yorkshire
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Tel: (0113) 240 1234

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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

Not sufficient evidence to rate



Are services safe?

Not sufficient evidence to rate



Are services effective?

Not sufficient evidence to rate



Are services caring?

Not sufficient evidence to rate



Are services responsive?

Not sufficient evidence to rate



Are services well-led?

Not sufficient evidence to rate



Overall summary

The service was not rated at this inspection. This was the first inspection of this service conducted by the Care Quality Commission.

The key questions at this inspection are rated as:

Are services safe? – not rated

Are services effective? – not rated

Are services caring? – not rated

Are services responsive? – not rated

Are services well-led? – not rated

We carried out an announced comprehensive inspection of the NHS medical services provided by Dr Michael Gould and Dr Jawad Abu Al-Timman at Dyneley House on 16 August 2018. This inspection was carried out as part of our inspection programme and was the first inspection of this provider.

At this inspection we found:

- The partners provided responsive, continuous care to patients at Dyneley House.
- The partners had provided this service for approximately 20 years.

- Patients were managed on an individual basis with regular reviews being carried out as and when they were required. We were informed that resulted in very low unplanned admissions to secondary care.
- Patients we spoke with on the day were happy with the care and treatment provided.

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

- 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:

- Review and improve the storage of written paper patients' records to ensure they are kept in a safe manner.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Not sufficient evidence to rate	
People with long-term conditions	Not sufficient evidence to rate	
Families, children and young people	Not sufficient evidence to rate	
Working age people (including those recently retired and students)	Not sufficient evidence to rate	
People whose circumstances may make them vulnerable	Not sufficient evidence to rate	
People experiencing poor mental health (including people with dementia)	Not sufficient evidence to rate	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector who was supported by a GP specialist adviser.

Background to Dyneley House

Dr Michael Gould and Dr Jawad Abu Al-Timman are a partnership delivering private general practice services at Upland Road Surgery, 2 Upland Road, Leeds, West Yorkshire, LS8 2SQ. In addition to the private general practice services, the partners also provide General Medical Services (GMS) under a locally agreed contract with NHS England for 20 patients at Dyneley House residential home. The care staff working at Dyneley House and responsible for the residents' accommodation and personal needs were employed separately. At the time of our inspection the partners were in the process of registering the private GP service with the Care Quality Commission and therefore this report outlines our findings for the NHS services provided at Dyneley House only.

The partners have provided GMS services to Dyneley House for over 20 years and the patient population are aged between 80 to 100 years of age. Therefore, during this inspection, we only looked at the care and treatment relating to older people, people with long term conditions, people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

We were advised during our inspection that the majority of patients spoke English as their first language. Patients who did not speak English as their first language had support from family members.

As part of our inspection we spoke with two GP partners, two staff members at Dyneley House and two residents. All of the comments we received were positive about the service received.

The partners are registered with the Care Quality Commission to provide the regulated activity of treatment of disease, disorder and injury

The partners visit Dyneley House routinely on a weekly basis, in addition they respond to any additional requests for visits as and when required. The partners are contactable between the hours of 9am and 7.30pm Monday to Friday and 9am and 4pm on Saturdays.

Out of hours care is provided by Local Care Direct which is accessed by calling the NHS 111 service.

Are services safe?

We identified areas where the service provider must improve in order to be able to demonstrate the safe provision of services. They were:

- There were no formal arrangements in place to provide cover in the event that both partners were unable to work.
- Patient records did not contain all the relevant patient identifiable information, such as the patient's date of birth and their unique NHS number.
- There was a heavy reliance by the GPs on the care home records. We were not assured there was enough legible information in the GP-recorded patient notes to ensure safe and effective patient care and the prescribing of treatment.
- Due to the lack of information in some patients' records, it was difficult to identify those who may be at risk as a result of patient safety alerts, particularly those around medicines.

Safety systems and processes

The partners had clear systems to keep people safe and safeguarded from abuse.

- There were appropriate systems in place to safeguard vulnerable adults from abuse. The partners had received up-to-date safeguarding training appropriate to their role. In addition, the partners had completed deprivation of liberties and mental capacity act training. They knew how to identify and report concerns.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The partners had both completed a disclosure and barring service (DBS) check. (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.)
- There were effective systems in place to manage infection prevention and control.
- There were arrangements in place to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The partners at the practice provided cover for one another for annual leave and sickness. However; there were no formal arrangements in place to provide cover in the event that both partners were unable to work. The provider informed us following the inspection that they have access to several locum agencies that could be called upon at short notice if required.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- The care plans kept by Dyneley House staff showed that information needed to deliver safe care and treatment was available to staff. However, there was a heavy reliance by the GPs on the care home records.
- The partners had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, these did not always operate effectively. For example, meetings with district nurses were limited.
- We reviewed a sample of patient records and found these did not contain all the relevant patient identifiable information, such as the patient's date of birth and their unique NHS number.
- We reviewed some of the GP recorded patient notes and found them to be illegible and have scant information. We were not assured there was enough legible information to ensure safe and effective patient care and the prescribing of treatment.

Appropriate and safe use of medicines

The partners had some systems for appropriate and safe handling of medicines.

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Are services safe?

Track record on safety

The partners had a track record on safety.

- The partners monitored and reviewed safety using information from a range of sources.
- However, due to the lack of information in some patients' records, it was difficult to identify those who may be at risk as a result of patient safety alerts, particularly those around medicines.

Lessons learned and improvements made

The partners had systems in place to learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.
- There were systems in place for reporting incidents and significant events, however at the time of our inspection the partners advised us that none had occurred.

Please refer to the evidence tables for further information.

Are services effective?

We identified areas where the service provider must improve in order to be able to demonstrate the provision of effective services. They were:

- There was no quality improvement monitoring or audit activity taking place at the time of our inspection.
- Communication with the local district nursing team was limited and we saw no evidence of minutes of meetings and communication regarding patients residing at Dyneley House.

We were unable to look at the population groups of families, children and young people and working age people (including those recently retired and students), as none of the patients residing at Dyneley House fit within these groups.

Effective needs assessment, care and treatment

The partners had systems in place to keep up to date with current evidence-based practice.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were managed on an individual basis with regular reviews being carried out as and when they were required. We were informed this resulted in very low unplanned admissions to secondary care.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Older patients who also had long-term conditions were managed on an individual basis with regular reviews being carried out as and when they were required. For patients with the most complex needs, the GP liaised with other health and care professionals to deliver a coordinated package of care.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

People experiencing poor mental health (including people with dementia):

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The partners did not have a comprehensive programme of quality improvement activity. We discussed this with the partners on the day of our inspection and they identified areas which could be reviewed for this specific patient group.

Effective staffing

The partners had the skills, knowledge and experience to carry out their roles.

- They had appropriate knowledge for their role, for example, to carry out reviews for patients at Dyneley House.

Coordinating care and treatment

We were informed that regular meetings were not held with other health and social care professionals, such as district nurses, to deliver effective care and treatment. We discussed this with the partners during our inspection.

- The partners worked with patients and staff at Dyneley House to develop personal care plans that were shared with relevant agencies.
- The partners ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The partners identified patients who may be in need of extra support and directed them to relevant services.
- The partners discussed changes to care or treatment with patients and staff at Dyneley House as necessary.

Consent to care and treatment

Are services effective?

The partners 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.

Please refer to the evidence tables for further information.

Are services caring?

We found the service was providing caring services.

Kindness, respect and compassion

The partners treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way they were treated.
- The partners understood patients' personal, cultural, social and religious needs.
- The partners gave patients timely support and information.

Involvement in decisions about care and treatment

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

Privacy and dignity

The partners respected patients' privacy and dignity.

- Consultations and reviews were conducted within the patients room to ensure privacy was respected.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We found the service was providing responsive services.

We were unable to look at the population groups of families, children and young people and working age people (including those recently retired and students), as none of the patients residing at Dyneley House fit within these groups.

Responding to and meeting people's needs

The partners organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The partners understood the needs of its population and tailored services in response to those needs.

Older people:

- The partners were responsive to the needs of older patients and offered individualised care to support patients within the environment.

People with long-term conditions:

- Older patients with a long-term condition received regular reviews to check their health and medicines needs were being appropriately met.
- The partners communicated by telephone with the local district nursing team to discuss and manage the needs of patients with complex medical issues. However; we saw no evidence of meetings taking place to ensure a joint approach to management of care.

People whose circumstances make them vulnerable:

- The partners had a good understanding of the needs and requirements of the patients residing at Dyneley House and were aware of patients who did not have capacity to consent to care and treatment.

People experiencing poor mental health (including people with dementia):

- The partners had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients were able to access care and treatment within an acceptable timescale for their needs.

- Patients had timely access to diagnosis and treatment.
- The partners visited Dyneley House routinely on a weekly basis, in addition they responded to any additional requests for visits as and when required.
- The partners were contactable between the hours of 9am and 7.30pm Monday to Friday and 9am and 4pm on Saturdays. Out of hours care was provided by Local Care Direct which was accessed by calling the NHS 111 service.

Listening and learning from concerns and complaints

The partners took complaints and concerns seriously. At the time of our inspection the partners had not received any complaints relating to the care and treatment provided at Dyneley House. Therefore we were unable to review how complaints were handled.

Please refer to the evidence tables for further information.

Are services well-led?

We identified areas where the service provider must improve in order to be able to demonstrate the provision of effective services. They were:

- The registered person did not have systems in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of the decisions taken in relation to the care and treatment provided.
- There was no quality improvement monitoring or audit activity taking place at the time of our inspection.
- Communication with the local district nursing team was limited and we saw no evidence of minutes of meetings and communication regarding patients residing at Dyneley House.

Leadership capacity and capability

Leaders had capacity and skills to deliver sustainable care.

- The partners appeared knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However; we saw no evidence of succession planning or contingency planning to support the service in the event that both partners were unable to work.

Vision and strategy

The partners had a vision to deliver good care to the patients residing in Dyneley House. This was achieved by having a well established relationship with the staff and residents at Dyneley House and providing continuity of care from the two partners.

Culture

- The partners focused on the needs of patients.
- There were positive relationships between the partners and staff at Dyneley House.
- The partners focused on the needs of patients.

Governance arrangements

There were identified responsibilities, roles and systems of accountability to support governance and management in the delivery of care. However; we reviewed a sample of patient records and found that these did not contain all relevant information; for example the patients' date of birth and NHS number. The records did not contain an up to date summary including a drug record and medication history. The medical records were difficult to read due to

illegible handwriting. In addition; we found that secure storage arrangements for medical records were not in place. There was a lack of clinical oversight with regards to delivering safe and effective care and treatment for patients.

Managing risks, issues and performance

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The partners had oversight of safety alerts. However, due to the lack of information in some patients' records, it was unsure whether the partners' could assure themselves of those who may be at risk as a result of patient safety alert; particularly those around medicines.
- However, due to records kept it was unsure whether they could assure themselves that all patients could be easily identified
- There was no evidence of clinical audit or any methods to monitor and improve quality for patients residing at Dyneley House.

Appropriate and accurate information

The partners did not have appropriate and accurate information.

- The partners submitted data or notifications to external organisations as required.
- We saw the information documented by the partners was not clear and did not contain all relevant information including patients' date of birth and NHS number. The records did not contain an up to date summary including a medicines history. However; we saw the care plans documented by Dyneley House staff were clear and comprehensive.
- Arrangements in relation to data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were not sufficiently established in all cases.

Engagement with patients, the public, staff and external partners

The partners involved patients and staff at Dyneley House to support high-quality sustainable services. However; we saw that engagement with other providers was limited and mainly conducted by telephone.

Continuous improvement and innovation

Are services well-led?

There was no evidence of systems and processes for learning, continuous improvement and innovation.

Please refer to the evidence tables for further information.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered persons did not have systems in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of the decisions taken in relation to the care and treatment provided. This was because the records kept:</p> <ul style="list-style-type: none">• Contained illegible handwriting.• Were not properly labelled or in date order.• Did not contain a record of all correspondence being received and reviewed.• Did not contain patient details in all cases. For example, the date of birth and NHS number.• Did not contain a medicines record, history or any summaries recorded. <p>The registered persons had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Systems in place for prescribing and repeat prescribing to support safe and effective patient care were ineffective.• There was no quality improvement monitoring or audit activity taking place.• Systems and processes in place to support effective communication with the local district nursing team were limited.• There were no formal arrangements in place to provide cover in the event that both partners were unable to work.

This section is primarily information for the provider

Requirement notices

- Due to the lack of information in some patients' records, it was difficult to identify those who may be at risk as a result of patient safety alerts, particularly those around medicines.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.