

The North Leeds Medical Practice

Inspection report

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

Ratings

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

Overall summary

We carried out an announced comprehensive inspection of The North Leeds Medical Practice, 355 Harrogate Road, Leeds, West Yorkshire LS17 6PZ between 16 August and 24 August 2021.

We have rated the practice as follows:

Overall, the practice is rated as Requires Improvement. With the key questions rated as:

Safe – Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Following our previous inspection on 18 July 2019, the practice was rated as good overall and for the key questions of effective and well-led. At that time, the ratings of good for the key questions of safe, caring and responsive were carried over from an earlier inspection.

The full reports for previous inspections can be found by selecting the 'all reports' link for The North Leeds Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

As a result of concerns we had received, we carried out a focused inspection on 16 August 2021, concentrating on whether the provider was delivering safe and well-led care. During that inspection we identified additional concerns and subsequently carried out a comprehensive inspection of the service on 24 August 2021.

How we carried out the inspection

Throughout the pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider pre and post inspection.
- Completing clinical searches on the practice electronic patient records system.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Conducting staff interviews via telephone calls.
- The completion of interview question templates by practice staff.

Overall summary

- Undertaking site visits.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected and on the site visits
- information from our ongoing monitoring of data about services
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall and also the population groups of families, children and young people and working age people (including those recently retired and students).

At the time of our inspection we found that:

- The practice had adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients had access to a range of appointments which included telephone, video, face-to-face or home visits. Extended and weekend access was available via local practice hubs.
- Patients received care and treatment in line with local and national guidance.
- There had been consistently lower than the local and national average uptake rates for childhood immunisations and cervical cancer screening.
- Patient referrals to other services had been managed to avoid any delays or backlogs. Actions relating to pathology results and discharge summaries were up to date.
- Medicines were prescribing in line with guidance. Antimicrobial prescribing was positive, compared to local and national figures. However, the practice did not have a system in place to demonstrate the competency of non-medical prescribers and those staff employed in advanced clinical practice.
- Recruitment processes had not always been undertaken in line with guidance, such as obtaining a Disclosure and Barring Service check prior to employment and recording the immunisation status of staff.
- There was a comprehensive induction package in place for newly employed staff. Staff reported they had access to support and mentorship as needed and received annual appraisals.
- Not all risk assessments relating to health and safety and fire had been actioned appropriately. There was no risk assessment in place regarding the security of the two practice locations.
- Staff knew how to report incidents. We saw that incidents had been dealt with, however, there was no process in place to identify any learning or sharing details with staff.
- The practice held daily clinical catch-up meetings where any issues relating to patients or the premises could be discussed.
- Patient survey data reported good satisfaction rates, compared to other local and national GP practices.
- The practice had an active patient participation group who were meeting virtually and provided support to patients as needed.
- Leaders had identified some areas for improvement and an action plan had been developed as to how they would be resolved. However, we had identified additional issues, arising from our inspection visit. These were also added to the action plan.
- Staff were not aware of the vision, values and strategy of the practice and there was no system in place to monitor progress against the delivery of the strategy.
- Staff reported they were able to raise concerns and felt confident to do so. However, they were not aware of who the Freedom to Speak Up Guardian was.

Overall summary

- Staff reported some of the difficulties arising from the absence of a regular and permanent practice manager. Some of the processes to support safe and effective governance were not always reviewed and in place. For example, policies and procedures and risk assessments.
- The practice had contacted the local Clinical Commissioning Group and Primary Care Network to seek advice and support regarding the issues that had been identified.
- The practice promoted and supported a positive, open and honest culture. This was apparent when speaking to staff.

We found two breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Additionally, the provider **should**:

- Review how they can improve uptake rates for childhood immunisations and cervical cancer screening.
- Maintain records to demonstrate that staff are vaccinated in line with Public Health England guidance.
- Complete all outstanding areas identified in the practice action plan and risk assessments.
- Promote awareness of the Freedom to Speak Up Guardian and inform staff of who this person is and how they can be accessed.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector, who spoke with staff via telephone and carried out the site visits, assisted by a second CQC inspector. A GP specialist advisor spoke with a GP partner via telephone and completed clinical searches and a review of records remotely.

Background to The North Leeds Medical Practice

The North Leeds Medical Practice is located at Harrogate Road Surgery, 355 Harrogate Road, Leeds, West Yorkshire LS17 6PZ. This is a purpose-built health centre with an adjoining pharmacy. The premises have disabled access and upper floors can be accessed either by the stairs or lift. There is security-based parking for patients. There are good transport links and other community facilities in the surrounding area. This site is located in an area of low deprivation with a predominantly white British population. Approximately 55% of the patient population attend this site.

The practice has a branch surgery at Milan Street Surgery, 2 Milan Street, Leeds, West Yorkshire LS8 5JW. This was originally a residential house, which was converted to GP premises. There is limited disabled access, which is via a ramp. The only access to the upper floor is by stairs. Patients with limited mobility are offered a downstairs consulting/treatment room. There is no onsite parking. Parking is accessible on the surrounding streets. There are good transport links and other community facilities in the surrounding area. This site is located in an area of high deprivation with a predominantly multi-cultural and ethnic population. Approximately 45% of the patient population attend this site.

Both of these locations were visited as part of the inspection.

The provider of The North Leeds Medical Practice consists of four GP partners. They are registered with the Care Quality Commission (CQC) to deliver the Regulated Activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures. These are delivered from both locations.

The practice is situated within NHS Leeds Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 21,919.

The practice is part of a wider network of GP practices, known as a Primary Care Network (PCN). Due to the locations of the two practice sites, they are situated in two different PCNs which supports delivery of services relevant to those patient populations.

Information published by Public Health England shows that deprivation within the practice population group is in decile three (on a scale of one to 10). The lower the decile the more deprived the practice population is.

According to the latest available data, the ethnic make-up of the practice area is 58% white, 29% Asian, 7% Black, 6% mixed and other. The gender and age distribution of the practice population shows there are similar numbers of male and female patients. There are higher numbers of patients in the age ranges of birth to 19 years and 30 to 49 years, than both the local and national averages. The life expectancy for male patients is 77 years (compared to 79 years nationally) and 81 years for females (compared to 83 years nationally).

At the time of our inspection, the clinical team consisted of four GP partners (two females, two males); one of whom was leaving at the end of September 2021. Three of the partners work six sessions per week and one partner (who also acts as the business lead) works eight sessions per week. There are six salaried GPs (two females, four males) who work between four and 10 sessions per week. Locum GPs are used as needed. Other clinical staff consist of a female paramedic, a female pharmacist, seven female practice nurses (three of whom are nurse managers and independent prescribers), four female healthcare assistants (one of whom is the lead healthcare assistant) and one female phlebotomist.

The clinical team are supported by a team of non-clinical staff which include an operations manager, an office manager, a finance manager, a human resources (HR) officer, a referrals manager, a secretary, two reception supervisors, two patient record summarisers, receptionists and administration staff. Both clinical and non-clinical staff are rotated across both locations.

There has not been a practice manager in post since July 2021. The practice had experienced four different practice managers over a period since 2016. During our inspection we were informed of the support the practice was receiving from the CCG, PCN and a local practice manager. They had also been successful in recruiting a practice manager who was due to commence in November 2021.

Due to the enhanced infection prevention and control measures put in place since the pandemic, and in line with the national guidance, most clinical appointments had been telephone or video consultations, with patients being seen face-to-face as appropriate. At the time of our inspection, the practice had been introducing more face-to-face, same day and pre-bookable appointments for patients. Patients can be seen at either practice location. However, patients tend to attend the location nearest to where they reside. The distance between the two locations is approximately 2.7 miles by car.

Extended access is provided locally by PCN hubs, where evening and weekend appointments are available. Out of hours services are provided by Local Care Direct. The practice is also supported by a home visiting service provided by the local confederation, who visit unwell housebound patients.

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Not all risk assessments relating to health and safety and fire had been actioned appropriately. There was no risk assessment in place regarding the security of the two practice locations.• There was no process in place to identify any learning from incidents or sharing details with staff.• The majority of policies and procedures were not reviewed in line with their review dates.• Staff were not aware of the vision, values and strategy of the practice. There was no system in place to monitor progress against the delivery of the strategy. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <ul style="list-style-type: none">• Recruitment processes had not always been undertaken in line with guidance, such as obtaining a Disclosure and Barring Service check prior to employment.• There was no system in place to demonstrate the competency of non-medical prescribers and those staff employed in advanced clinical practice. <p>This was in breach of Regulation 19 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>