

# The Leeds Road Practice

## Quality Report

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Harrogate

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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 safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the surgery of The Leeds Road Practice, Harrogate on 19 May 2016. Overall the practice was rated as good; however a breach of the legal requirements was found which resulted in the practice being as rated as requires improvement for providing safe services.

Following on from the inspection the practice provided us with an action plan detailing evidence of the actions they had taken to meet the standards relating to providing safe services.

We undertook a desk based review on 18 July 2017 and visited the practice on 25 July 2017. This was to review in detail the information the practice had sent to us and to confirm that the practice were now meeting the relevant standards of care.

A full comprehensive report which followed the inspection on 19 May 2016 can be found by selecting 'all reports' link for The Leeds Road Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The practice is now rated as good for providing safe services.

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

- Staff had completed Disclosing and Barring Service (DBS) checks when appropriate. Risk assessment had been completed for those staff that did not have a DBS check.
- All significant events were analysed systematically and themes identified. These findings and themes were discussed at multidisciplinary team meetings and acted upon
- All issues identified in the previous fire risk assessment had been addressed.
- Patients subject to Alternative Medical Schemes (AMS) contracts were clearly identified on the clinical system. Protocols were in place with clear instructions for staff. AMS contracts are in place where patents are deemed to be a possible risk to practice staff.
- All drivers delivering medicines to patients' homes had received appropriate training. DBS checks were in place for these staff.

# Summary of findings

- All staff had completed Basic Life Support training and most had also completed training in relation to managing emergencies in general practice.

**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?**

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 19 May 2016. The issues at the previous inspection included:

The information as specified in Schedule 3 of regulation 19 of the Health and Social Care Act was not available in relation to each such person employed for carrying on the regulated activities.

Specifically, the practice had not completed a Disclosure and Barring Service (DBS) check or risk assessment for delivery drivers that were employed by the practice to deliver medicines to patients in the community.

In addition:

The practice did not have adequate systems in place to undertake detailed analysis of significant events over a period of time to enable themes to be identified and appropriate action taken.

The practice had not ensured they assessed and managed the outstanding issues identified as high risk in the recent fire risk assessment.

The practice did not ensure that they had a specific risk assessment in place in respect to alternative medical schemes (AMS) patients when visiting the practice. The AMS scheme is for patients deemed to pose risk to practices and have been removed from other practice lists.

Not all staff had completed emergency response training.

At this inspection in July 2017 we found;

- All staff had a DBS check or had a risk assessment in place with the exception of one member of staff who had no patient contact.
- All significant events were analysed systematically and themes identified. These findings and themes were discussed at multidisciplinary team meetings and acted upon
- All issues identified in the previous fire risk assessment had been addressed
- The AMS contract had clear protocols in place and these were accessible on the computer system with alerts and instructions on the individual patient records.

Good



# Summary of findings

- The practice had reviewed the delivery of medicines to patient's protocols and practices and all delivery drivers were now DBS checked and had completed mandatory and specific training relating to this duty.
- All staff had completed Basic Life Support training and most, with the exception of newly appointed staff, had also completed training in relation to managing emergencies in general practice. Training on emergencies was forward planned to occur every two years..

# Summary of findings

## What people who use the service say

During the inspection we did not speak with patients who used the practice.

# The Leeds Road Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was carried out by a CQC Lead Inspector

## Background to The Leeds Road Practice

The Leeds Road Practice is a semi-rural practice situated in Harrogate, close to the town centre. There is also a branch surgery in the village of Pannel and a further surgery held in an adapted consulting room in the village hall in Spofforth. The registered list size is 13,200 and approximately 95% are of a White British background. The practice is ranked in the 10% least deprived neighbourhoods.

On 25 July we inspected the main surgery on Leeds Road Harrogate.

The practice is a dispensing practice and dispenses to approximately 2,500 patients.

The practice had four GPs and a manager partnership, supported by five salaried GP's, one advanced nurse practitioner, four practice nurses and a pharmacist.

The practice is open between 8.30am and 6pm Monday to Friday. Extended hours are offered on Tuesday mornings from 7.30am and on Thursday evenings until 9pm. The branch practice at Pannel is open Monday to Friday 8.30am to 12pm. The branch practice at Spofforth is open on Mondays from 4pm to 5.30pm, Wednesdays 10.30am to 12pm and Fridays 4pm to 5.30pm.

Out of hours services are provided by Local Care Direct and can be accessed either by using the practice telephone number or through NHS111.

When we returned for this inspection we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

## Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Harrogate and Rural CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2017). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 25 July 2017. During our visit we:

- Spoke with the
- Observed
- Looked at templates and information the practice used to deliver patient care and treatment plans.

# Detailed findings

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.

# Are services safe?

## Our findings

This inspection was conducted to review issues that were found in the comprehensive inspection carried out on 19 May 2016. The issues at the previous inspection included:

The information as specified in Schedule 3 of regulation 19 of the Health and Social Care Act was not available in relation to each such person employed for carrying on the regulated activities. Specifically, the practice had not completed a Disclosure and Barring Service (DBS) check or risk assessment for delivery drivers that were employed by the practice to deliver medicines to patients in the community.

In addition:

The practice did not have adequate systems in place to undertake detailed analysis of significant events over a period of time to enable themes to be identified and appropriate action taken.

The practice had not ensured they assessed and managed the outstanding issues identified as high risk in the recent fire risk assessment.

The practice did not ensure that they had a specific risk assessment in place in respect to alternative medical schemes (AMS) patients when visiting the practice. The AMS scheme is for patients deemed to pose risk to practices and have been removed from other practice lists.

The practice had not risk assessed the arrangements in place for the delivery of medicines in the community.

Not all staff had completed emergency response training.

At the inspection carried out on 25 July 2017 we found:

### Safe track record and learning

There was a comprehensive system in place for reporting, recording and investigating significant events.

- All significant events were analysed systematically and themes identified. These findings and themes were discussed at multidisciplinary team meetings and acted upon. We saw evidence that this had taken place over the previous 12 months.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- All staff had completed a DBS check or had a risk assessment in place with the exception of one member of staff who had no patient contact. This included the staff who delivered medicines to patients who required this service.
- The AMS contract had clear protocols in place and these were accessible on the computer system with alerts and instructions on the individual patient records. Patients accessing this service were patients who had been removed from other practice lists and each had an individual risk assessment and care plan in place accessible to all staff to ensure the patient received the care they required, but ensured the safety of staff and other patients.
- All issues identified in the previous fire risk assessment had been addressed including the installation of emergency lighting and identified electrical work.

### Monitoring risks to patients

- The practice had reviewed the delivery of medicines to patient's protocols and practices and all delivery drivers were now DBS checked and had completed mandatory and specific training relating to this duty.
- The practice had employed a pharmacist to support a safe system of dispensing medicines and analysing significant events relating to medicines.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- All staff had completed Basic Life Support training and most, with the exception of newly appointed staff, had also completed training in relation to managing emergencies in general practice.