

Guiseley and Yeadon Medical Practice

Inspection report

Yeadon Health Centre
South View Road, Yeadon
Leeds

West Yorkshire

LS19 7PS

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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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

Guiseley and Yeadon Medical Practice had previously been inspected in November 2016 and was rated as good overall but requires improvement for providing safe services. We carried out a follow-up inspection in March 2018. We found improvements had been made and rated safe as good.

We carried out an inspection of this service following our annual review of the information available to us, including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions:

- Safe
- Effective
- Well Led

Because of the assurance received from our review of information, we carried forward the ratings for the following key questions:

- Responsive – good
- Caring – good

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

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

We have rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- There was no formal mechanism in place to discuss safeguarding concerns and there was no evidence of a register of people at risk of abuse.
- The provider was unable to demonstrate that staff had received the appropriate level of safeguarding training, in particular the GPs and safeguarding lead.
- We saw that the provider had a process in place for reporting significant events and incidents. However, we saw no evidence of a thorough investigation and identified learning.
- There was no system in place to ensure regular review of policies and procedures. We reviewed the safeguarding policies and found that these made reference to staff members who no longer worked for the practice.

We rated the practice as **requires improvement** for providing effective services because:

- The practice had no oversight of training for all staff and we were unable to review any records to demonstrate what training had been completed.
- There was no formal supervision in place to support the Advanced Nurse Practitioners (ANPs) working at the practice. Not all staff had received an annual appraisal.
- There were some high exception rates relating to the Quality and Outcomes Framework (QOF). Cervical screening uptake rates were below the national target. There was no clear process in place to recall patients for coil and implant removal and/or reinsertion.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not clearly demonstrate that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Improve the process for monitoring stock levels and expiry dates of emergency drugs.
- Improve the systems in place to ensure appropriate fire safety checks are carried out at Netherfield Road Surgery.
- Display CQC ratings at all practice locations.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take

Overall summary

action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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	Requires improvement 
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 inspector. The team included a GP specialist advisor and a second CQC inspector

Background to Guiseley and Yeadon Medical Practice

Guiseley and Yeadon Medical Practice is located at Yeadon Health Centre, South View Road, Yeadon, Leeds, West Yorkshire, LS19 7PS. The practice has good transport links and there are a range of pharmacies located within walking distance of practice. There is also a branch site, Netherfield Road Surgery, 10 Netherfield Road, Guiseley, Leeds, LS20 9HE. We visited both sites during our inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. These are delivered from both sites.

Guiseley and Yeadon Medical Practice is situated within the NHS Leeds Clinical Commissioning Group (CCG) and provides services to approximately 11,800 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice's clinical team is led by three GP partners (all female), who collectively provide 20 clinical sessions per week. The partners are supported by two salaried GPs (one male, one female); three long-term locums (all male); two advanced nurse practitioners; four practice nurses; two healthcare assistants; a phlebotomist; one

pharmacist and a pharmacy technician (all of whom are female). The clinical team is supported by a practice manager and an experienced team of receptionists and administrators.

Standard appointments are 15 minutes long, to ensure that GPs have enough time to deal with patients issues during one appointment. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

The National General Practice Profile states that the practice population is predominately white, making up 97% of the registered patient list size; 1.4% are from an Asian background with a further 1.6% of the population originating from black, mixed or other non-white ethnic groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

When we returned to the practice we checked and saw that the ratings from the previous inspection were

displayed, as required, on the practice premises at Yeadon Health Centre and on the practice website. However, we noted that the ratings were not displayed at Netherfield Road Surgery.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had failed to ensure that systems and processes were established and operated effectively in order to assess, monitor and mitigate risks to patients. • There was no process in place to recall patients for coil and implant removal/reinsertion. The provider relied on the patient to make contact when these had reached expiry. • The provider did not have formal mechanisms in place to discuss safeguarding concerns and there was no evidence of a register of people at risk of abuse. • The provider was unable to demonstrate that staff had received the appropriate level of safeguarding training; in particular the GPs and safeguarding lead. • There was no oversight of emergency drugs. We saw that some emergency drugs located at both sites had expired. • The provider did not have effective systems in place to check and document vaccination fridge stock levels and temperature. This was checked by nursing staff. However, there was not always a member of the nursing team at each site on a daily basis. • The provider did not have an oversight of safety alerts. There was no clear system in place to evidence what actions had been taken regarding any of the alerts, and there was no evidence that this had been circulated to staff. • The provider did not have a system in place to ensure full investigation of significant events or incidents. We saw no evidence of identified learning or that learning was shared with the wider staff team.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

- The provider did not have processes in place to ensure staff had completed necessary training, such as safeguarding to the level recommended in the most up to date national guidance.
- The provider did not have a process in place to ensure Advanced Nurse Practitioners (ANPs) had access to formal supervision and support.
- The provider did not have appropriate systems in place to ensure good communication regarding the direction, unity and leadership of the practice. Some staff were unaware of who clinical leads were in areas such as the Quality and Outcomes Framework (QOF) and Infection Prevention and Control.
- The provider did not have a lone working policy in place to support Advanced Nurse Practitioners (ANPs) when carrying out home visits. There was no booking system in place which showed where the ANP was at any one time, in case of emergency. There was no system in place to ensure that ANP's car insurance covered them to carry out this role.

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