

Haigh Hall Medical Centre

Inspection report

Haigh Hall Road
Bradford
BD10 9AZ
Tel: 01274613326

Date of inspection visit: 23, 24 & 30 November 2022
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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	Good 
Are services safe?	Requires Improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall summary

We carried out an announced comprehensive inspection at Haigh Hall Medical Centre on 23, 24 and 30 November 2022. Overall, the practice is rated as good.

Safe - requires improvement

Effective - good

Caring - good

Responsive - good

Well-led - good

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. This was the first inspection of this provider since they registered with the Care Quality Commission.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews in person and using video conferencing.
- Staff questionnaires sent to staff ahead of the inspection
- Speaking with patients by telephone
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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 found that:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.

Overall summary

- Leaders reviewed the effectiveness and appropriateness of the care the service provided. They ensured that care and treatment was delivered according to evidence based guidelines.
- There was a programme of quality improvement, this included clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care.
- The practice had a good understanding of the needs of the local population and delivered services to meet these needs.
- All patients with a learning disability were offered an annual health check. The practice had 53 patients on their learning disability register, and all had received a health check in the previous 12 months
- The practice operated effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Leaders and managers in the practice demonstrated they had the capacity and skills to deliver high-quality, sustainable care.
- Staff were generally positive about the level of support they received at work. However, many stated that this was via telephone or email and there was a lack of leadership and managerial presence on site.
- Feedback we received from some staff members was less positive regarding their roles as these had been streamlined and were not as varied throughout the day.
- The segmented care model adopted by the practice had established some dedicated teams designed to meet the needs of the local population. For example, the complex health care teams delivering care to vulnerable and housebound patients and those in residential care.
- Complaints had not always been handled in a manner consistent with the provider's own policy. This had been recognised by the provider and improvement measures has been put in place.
- The practice had a strong focus on community engagement and the delivery of wider population health and wellbeing in conjunction with other partners and stakeholders.

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

- Ensure care and treatment is provided in a safe way to patients (refer to requirement notice at the end of the report for more detail).

In addition, the provider **should**:

- Promote and increase uptake of cervical cancer screening.
- Formalise clinical supervision processes for non-medical prescribers.
- Establish the vaccination status of staff working in the practice in line with current guidance.
- Fully re-establish staff annual appraisal processes.
- Establish and embed the role of Freedom to Speak Up Guardian within the practice.
- Establish systems to share findings from significant learning events and complaints with the wider practice team and across the organisation to enable themes to be identified and promote shared learning.

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit and spoke with staff using video conferencing facilities and in person. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. The inspection was supported by a second CQC inspector.

Background to Haigh Hall Medical Centre

High Hall Medical Centre is located in Bradford at:

Haigh Hall Road

Greengates

Bradford

West Yorkshire

BD10 9AZ

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

The practice is situated within the West Yorkshire Integrated Care Board and provides services to 6,202 patients under the terms of a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for the delivery of services to the local community.

The practice is part of a wider network of GP practices under the provider Affinity Care, this is a partnership of practices who work together to focus care on the needs of the local population. These practices have come together to form one single partnership with the aim of working more efficiently and effectively.

Information published by the Office for Health Improvement and Disparities, rates the level of deprivation within the practice population as 2, on a scale of 1 to 10. Level 1 represents the highest levels of deprivation and level 10 the lowest.

According to the latest available data, the ethnic make-up of the practice area is 91% White, 5% Asian and 4% originating from black, mixed or other non-white ethnic groups.

Care at the practice is provided by a team of 3 partners (2 GP and 1 nurse practitioner), 2 salaried GPs, 2 nurse practitioners and a care co-ordinator. The clinical team is supported by a patient services manager and a team of reception and administrative staff. Other wider support is available from the central Affinity Care provider organisation. This includes a pharmacy team, and core functions such as human resources.

The practice is open from 8am to 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Affinity Care, where late evening and weekend appointments are available. Out of hours services are provided by Local Care Direct via the NHS 111 service.

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">Processes were not in place to ensure that patients in receipt of high-risk drugs and other medicines had been monitored or reviewed in line with requirements.Processes had not been put in place to ensure that patient safety alerts and updates had been effectively assessed or actioned.Clinical tasks had not been actioned.Processes for ensuring vaccination of staff working in the practice were not in line with current guidance.