

Bradford Student Health Service

Quality Report

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Date of inspection visit: 27 July 2016

Date of publication: 17/08/2016

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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Bradford Student Health Service on 27 July 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a thorough system in place for reporting, recording and reviewing significant events.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. We saw that patients were contacted by the practice following complaints and that these were resolved in a timely manner.
- Risks to patients were assessed and well managed. However, reception staff were occasionally acting as chaperones without a Disclosure and Barring Service check (DBS). (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).

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they could get through easily to the practice by phone and they were satisfied with the practices' opening hours. Patients also told us on the day that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice was an active member of a GP federation within Bradford City Clinical Commissioning Group (CCG). The federation had commissioned a number of services including a fertility service and a diagnostic and ultrasound service. Patients referred to these services would be reviewed within a week of being referred.
- There was a clear and supportive leadership structure and staff felt very supported by management. The practice proactively sought feedback from staff, patients and the patient participation group (PPG) using a range of social media, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

We saw that the practice had developed Information leaflets that were relevant to the patient group. These included bespoke leaflets on how to use NHS services, a

self-care leaflet and a “z” card, credit card sized leaflet that gave advice on vaccinations, services, and who to contact for various services, such as sexual health, alcohol, drug and mental health advice.

The areas where the provider should make improvement are:

The practice should review the use of staff who act as chaperones for patients without a Disclosure and Barring Service check (DBS). DBS checks should be undertaken for staff performing this role or a risk assessment should be evidenced.

The infection prevention and control (IPC) audit should be actioned and completed. All actions taken should be documented.

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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. We saw evidence of thorough documentation and an analysis of events. Lessons learned were discussed at clinical meetings and outcomes fed back to staff.
- When things went wrong patients received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again. The GP partners would offer a 1:1 meeting with the person affected.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were clear about their roles and responsibilities.
- Risks to patients were assessed and well managed. However, some reception staff were occasionally acting as chaperones without a Disclosure and Barring Service check (DBS). (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).
- We saw that an IPC audit had been undertaken in April. This had yet to be assigned to an individual and issues raised still required action. The practice confirmed that they would complete this immediately.
- We saw that the computers used by the GPs in the practice were fitted with a filter, which meant that confidential information displayed on the computer screen was only visible to the user.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had also negotiated a number of non-standard targets or indicators with the CCG relevant to their patient group. We saw evidence of high levels of achievement of these

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals and with staff and various departments from the university to understand and meet the range and complexity of patients' needs, this included the Student Welfare office, the Counselling service and the Disabilities office.
- The practice was an active member of a GP federation within Bradford City Clinical Commissioning Group (CCG). The federation had commissioned a number of services including a fertility service and a diagnostic and ultrasound service. Patients referred to these services were seen within a week of referral.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients responses to how they rated the care in the practice was lower than others for several aspects of care. However, 12 out of the 13 comments cards we received were overwhelmingly positive and patients we spoke with on the day said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. The practice had devised a number of leaflets specific to the patient group to encourage registration with the practice, give self-help advice, and direct patients to the appropriate health services when necessary.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. We saw that patients who wanted to discuss confidential information could be directed to a reception desk away from the waiting area.
- We saw that when patients would need to wait to be seen for their appointment, they were individually informed of this in a quiet and respectful manner.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice worked within a federation of 19 practices in the area to commission services which were relevant to the local population.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice held regular meetings with a representative from the university to review on going issues, discuss upcoming events and respond to any concerns.
- The practice attended numerous events at the university including 'freshers week' when several members of staff would proactively register patients on the university campus. The practice would also distribute new patient information.
- The practice would liaise with the university to highlight health issues, the services offered by the practice, and to encourage the uptake of vaccines such as the as the Men ACWY which protects students in the first year of university from meningitis, when they are known to be at the highest risk. The university would then send a global email to all students to encourage attendance.
- We saw that information leaflets were available that were relevant to the patient group. These included bespoke leaflets on how to use NHS services, a self-care leaflet and a "z" card, credit card sized leaflet that gave advice on vaccinations, services, and who to contact for services such as sexual health, drug and mental health advice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The practice had responded to suggestions from the PPG to become a mostly virtual group. Members of the PPG would liaise with the surgery through a social networking site where suggestions would be made and discussed. The practice also made further use of social media with an account with approximately 600 followers. Regular messages were tweeted which were relevant to the patient group. Face to face meetings were held around twice a year and a patient newsletter was produced for each academic term.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice accepted registrations from all patient age groups and had a slowly increasing small number of patients who were resident in the local area. The practice had responded to this change by identifying training needs and continuing to commission services through the federation.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients at the practice could take advantage of the 'pharmacy first' scheme. This allowed people who received free prescriptions to go straight to their pharmacist to receive treatment without needing to visit their GP first to get a prescription.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt very supported by management. Members of the team described an open and honest culture in a friendly environment.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Full staff meetings were not held within the practice but we saw evidence of email communication, hard copies of reports being distributed and a new practice newsletter that was to be introduced within the next month.
- The practice gathered feedback from patients using new technology, and it had an engaged patient participation group which influenced practice development.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

This group includes patients within the population who are aged 75 and over. The practice does not have anyone registered with them at this current time in this age group.

Therefore the care given to this population group has not been rated.

- We saw evidence that the clinicians at the practice had the skills and abilities to manage patients in this age group should they choose to register with the practice.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes who had an influenza immunisation within the preceding 12 months was 94% which was comparable to CCG and national averages.
- Longer appointments were available when needed and for anyone who requested additional time.
- There was a named lead GP for those at high risk of an unplanned admission.
- The practice participated in the 'Bradford Breathing Better' and the 'Bradford Beating Diabetes' CCG led initiatives.
- The practice offered a long term conditions pack to patients to assist them in the management of their condition and provided ECG, Spirometry and phlebotomy services in-house.
- Where appropriate the practice liaised with the university disabilities office to support patients and had a shared record system with out of hours services to enable continuity of care.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice were involved in the "Aspire" research programme which aims to improve the care of people within general practice. The programme showed that the care given to diabetic patients within the practice had improved by 2% which was comparable to other practices in West Yorkshire.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were lower than CCG averages for all standard childhood immunisations. The practice was aware that it faced particular challenges in this area. Many parents were from overseas where immunisation regimes differ from those in the United Kingdom and the population was very transient with large numbers of patients leaving the practice each year. A comprehensive recall system was in place to encourage parents to attend with their child. The practice held additional clinics around registration time for children and gave patients the opportunity to update vaccinations missed earlier in childhood.
- Similar challenges were evidenced in relation to the uptake of cervical screening. The percentage of women whose notes recorded that a cervical screening test had been performed in the preceding five years was 53%, compared to the CCG average of 77% and the national average of 82%. Many women registered with the practice were from overseas and reported not to be sexually active. The practice also used registration and open days to encourage the uptake of screening.
- Children were offered same day appointments or added to the emergency list for the GP to review. Appointments were available outside of school hours and the premises were suitable for children and babies.
- When families and young children failed to attend for appointments and screening the practice would check their registration records which included a probable date for completion of their university course. They would also liaise with the university who would contact the patient when possible and ask them to contact the surgery.

Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working-age people (including those recently retired and students).

Outstanding



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Data showed that 38% of patients were signed up for on line services.
- The practice proactively used a range of social media to communicate with patients and the PPG, highlighting issues, health promotion and self-care advice and events.
- The practice offered a self-care area within the practice where patients could check their height, weight and blood pressure. Results could be placed in an envelope and handed to the receptionist. Relevant leaflets were also available. These items were also portable and were taken to the university when events were held.
- The practice was flexible and responsive to individual needs; staff at the practice had an excellent understanding of the issues faced by students who may be isolated and alone when joining the university. Services in the practice were tailored to meet the needs of students and the practice worked closely with representatives and services at the university and also at the local college.
- The practice would advertise their services and direct students to access appropriate health care with posters and leaflets in the halls of residence. The practice attended ' fresher's week' on the university campus and registration at the practice was encouraged at this point. The practice had also liaised with other health services such as the drug and alcohol team and arranged for them to attend.
- The practice was approximately half a mile away from the main campus; however a nurse held a general advice clinic on campus once per month in response to a suggestion by the PPG.
- At every point of contact with the surgery patients would be asked to give their telephone and address details. This enabled the practice to keep in touch with students when they moved accommodation.
- Bespoke information leaflets were available that were relevant to the patient group. These included leaflets on how to use NHS services, a self-care and an exam stress leaflet and a "z" card, credit card sized leaflet that gave advice on vaccinations, services, and who to contact for service such as sexual health, drug and mental health advice.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, those who requested them and a small number of patients who would automatically be allocated a longer appointment as the practice had identified that this met the person's individual needs.
- Registration forms for the practice included an assessment of alcohol intake, smoking and a screening for depression. Concerns would be related to the GP who would follow up on any scores which indicated further assessment and support was needed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Whilst the practice rarely had the need to refer to voluntary organisations in the public sector, they had a good understanding of the services offered by the university and referred to these as necessary, for example counselling services.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. We saw that some staff had undertaken training in the area of female genital mutilation (FGM) which was relevant to the practice and they had a policy in place to support this.
- At every point of contact all patients registered with the practice were asked to provide up to date address details and telephone numbers. The practice stated that this had helped to recall patients and ensure that in a very transient population, people could be supported and contacted.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice did not have anyone registered with them who had a diagnosis of dementia.
- The practice worked with multi-disciplinary teams and student support services in the case management of patients experiencing poor mental health.

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar disorder or another psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to the CCG average of 95% and the national average of 89%.
- Locally agreed targets for patients with mental health issues showed that the practice was performing well in this area. For example 100% of patients on the mental health register had been reviewed every six to eight weeks during the last 12 months.
- The practice supported patients experiencing poor mental health to access various support groups and voluntary organisations. They worked closely with the university counselling services and leaflets were available.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. The practice had reviewed a patient who had repeatedly called an ambulance. A strategy was developed and put in place and the patient had not found it necessary to call for help since.
- Staff demonstrated a good understanding of how to support patients with mental health needs and the impact that leaving home for the first time might have on an individual's mental health. Patients registering with the practice completed a mental health assessment and these were reviewed as necessary by the GP.
- The practice offers physical health checks to patients with a serious mental illness.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above CCG averages and in line with national averages in many areas. A total of 407 survey forms were distributed and 24 were returned. This represented a response rate of 6% or less than a quarter of a percent of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 55% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 59% and the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 71% and the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 63% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 13 comment cards which were all positive about the standard of care received. We received 12 responses that commented on responsive and respectful care by patient and caring clinicians. One patient commented they had felt dismissed by a GP that they had seen during a consultation but also commented that another GP was very patient and attentive.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients also said that they found it easy to make an appointment and one patient said it was the best surgery they had ever been to. One patient said on their first visit that reception staff had been unhelpful but this had not happened again.

The Friends and Family test is a survey which asks people if they would recommend the services they have used. The practice overall Friends and Family test results showed that 87% of patients would be extremely likely or likely to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

The practice should review the use of staff who act as chaperones for patients without a Disclosure and Barring Service check (DBS). DBS checks should be undertaken for staff performing this role or a risk assessment should be evidenced.

The infection prevention and control (IPC) audit should be actioned and completed. All actions taken should be documented.

Outstanding practice

We saw one area of outstanding practice:

We saw that the practice had developed Information leaflets that were relevant to the patient group. These included bespoke leaflets on how to use NHS services, a

self-care leaflet and a "z" card, credit card sized leaflet that gave advice on vaccinations, services, and who to contact for various services, such as sexual health, alcohol, drug and mental health advice.

Bradford Student Health Service

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Bradford Student Health Service

Bradford Student Health Service provides services for 9,577 patients. The surgery is situated within the Bradford City Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services 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.

Bradford Student Health Service is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and family planning. They offer a range of enhanced services such as childhood immunisations and improving patient access on line.

The majority of patients that are registered with the practice are students attending the local university. There is a higher than average number of patients aged between 15 and 34. With a higher than average number of male patients aged 35-39. There are fewer patients aged over 40 than the national average and very few children registered with the practice aged under 14. Public Health England

data estimates that 49% of the practice population is from a south Asian background with a further 16% of the population originating from black, mixed or non-white ethnic groups. The practice has a high patient turnover with large numbers of students registering and leaving each year and estimates that over 70% of patients registered with them are from overseas. At busy periods the practice will register over 200 patients per day.

The practice is registered as a partnership of three GPs, one of whom is female, who work 18 sessions collectively. The practice also employs regular locum cover for 2 sessions per week. There is an advanced nurse practitioner and two practice nurses who are all part time and are supported by a part time health care assistant (HCA). The clinical team is supported by a practice manager and a team of administrative staff.

The practice catchment area is classed as being within one of the 20% most deprived areas in England. People living in more deprived areas tend to have a greater need for health services.

Bradford Student Health Service is situated within an older single storey building with limited car parking available. It has disabled facilities and a hearing amplifier. Access to the building is not disability friendly but staff are aware of this and assist when necessary. The practice has submitted plans to move from the current location over a period of years but have been unable to do so due to a lack of funding.

The practice is open for reception and consultations from 8.00am until 5.30pm Monday to Friday.

The practice does not offer an extended hours clinic.

Detailed findings

When the surgery is closed patients can access the 'Pharmacy First' minor ailments scheme and are advised of the NHS 111 service for non –urgent medical advice. Patients can also access the walk-in centre at Hillside Bridge Health Centre.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 we hold about the practice and asked other organisations to share what they knew including NHS England and Bradford City CCG. We carried out an announced visit on 27 July 2016. During our visit we:

- Spoke with a range of staff including a GP, a practice nurse, a health care assistant, the practice manager and an administrative assistant.

- Observed how patients were being cared for and treated in the reception area.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Spoke with patients who used the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Patients were offered 1:1 meetings with the GP.
- The practice carried out a thorough analysis of the significant events. We saw that information was disseminated to the team through emails and hard copies of meeting notes. The practice was also developing a newsletter for staff to improve communication.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that a template was developed that included drug interactions to prevent a significant event occurring again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Generic policies were accessible to all staff and a practice specific protocol was in place to guide staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and

always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role including where appropriate training around female genital mutilation (FGM). GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that trained chaperones were available if required. Not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The practice said they would review this immediately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy with a cleaning schedule in place. We observed on the day of our visit that this had not been completed for a number of days. The practice nurse was the infection prevention and control clinical lead (IPC) who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken. We saw that the practice needed to take action to address improvements identified in a recent audit and ensure that the cleaning schedule was completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and the policy for repeat prescribing was comprehensive. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken

Are services safe?

prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff confirmed that they

covered for each other during sickness and leave. We saw that staff were encouraged to take their holidays during university vacations to assist with continuity of care.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. All the medications we checked were in date and fit for purpose.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 78% of the total number of points available with 11% exception reporting which is higher than the CCG average of 8% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had identified issues with persuading young people to attend for reviews when they considered themselves to be well and were also unable to follow up some patients due to a high patient turnover.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to other practices. For example, the number of diabetic patients on the register who had a flu vaccination in the preceding 12 months was 94% which was the same as the national average and comparable to the CCG average of 96%.
- Performance for mental health related indicators was better than the CCG and national averages. 100% of

patients with a documented mental health issue had a care plan documented in their notes and 100% of patients had also had their alcohol consumption recorded.

The practice had also had a very low prevalence of coronary heart disease and chronic obstructive pulmonary disease. However, these are generally conditions which affect older patients and so did not affect the majority of the patient group. Through locally agreed quality indicators, the practice could evidence that 90% of newly registered patients that had a positive screen for mental health disorders were followed up with further assessment.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, one of these was completed two cycle audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included offering patients a review and lifestyle advice who were found to be at risk of developing diabetes following a pre-diabetic audit.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A new starter pack was available and reviews were undertaken. A locum pack was also available.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had additional skills and training in conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and by attendance at regular update meetings led by the CCG.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Ongoing support included, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff told us that they would feel comfortable to approach managers within the practice if they required any help or support. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We saw that folders were available in all clinical rooms which included protocols and flowcharts to assist staff to appropriately signpost patients to relevant services.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice was aware of the need to maintain patient confidentiality when liaising with the university.
- Staff worked together and with other health and social care professionals and with the university to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients registered with the service, moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Students were assessed on registration for alcohol intake, smoking status and depression. Those requiring advice on their diet, smoking and alcohol cessation were supported by the staff at the practice or signposted to the relevant service.
- Services were tailored to meet patient needs, evidence showed that A&E attendance at the practice were the lowest in the CCG.

The practice's uptake for the cervical screening programme was 53%, which was lower than the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by highlighting issues at events and for all patients they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 47% to 84% and five year olds from 66% to 93%. The practice was aware that it faced particular challenges in this area. Many parents were from overseas where immunisation regimes differ from those in the United Kingdom and the population was very transient

Are services effective?

(for example, treatment is effective)

with large numbers of patients leaving the practice each year. A comprehensive recall system was in place to encourage parents to attend with their child. The practice held additional clinics around registration time for children and gave patients the opportunity to update vaccinations missed earlier in childhood.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A reception counter away from the main waiting area was also accessible so that patients could discuss their needs in private.

All of the 13 patient Care Quality Commission comment cards we received included positive comments about the service they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We were not able to speak to any members of the patient participation group (PPG). But we saw that they were able to communicate with the practice through social media and that changes had been made to how the practice was run as a result of their feedback. Comment cards highlighted that staff responded very compassionately when they needed help and provided support when required.

However, results from the national GP patient survey showed patients felt they were mostly treated with compassion, dignity and respect. The practice was generally below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 70% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 75% and the national average of 87%.

The practice discussed with us the very low response rate to the GP survey. Due to the times of year when this was distributed very few students would respond (only 0.25% of the practice population). Therefore they did not feel this was reflective of the feedback they generally received.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 54% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 71% and the national average of 82%.
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

Care planning and involvement in decisions about care and treatment

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Are services caring?

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 54% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 71% and the national average of 82%.
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

On the day of the visit we spoke with 12 patients. All the patients we spoke with said they were involved in decisions about their care and treatment and that the GP was good at listening to them. Patients also said that the GP and the nurse explained treatments and medications to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The practice also discussed with us that cultural expectation has an impact on the satisfaction of their patient population. In many countries where patients would pay for consultations the meeting would be longer and additional services may be offered that in the NHS would be offered by hospital services. Clinical staff were clear that they followed best practice and guidance such as NICE guidelines and did not prescribe medications that were unnecessary.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available on request.
- We saw that information leaflets were available that were relevant to the patient group. These included bespoke leaflets on how to use NHS services, a self-care leaflet and a “z” card, credit card sized leaflet that gave advice on vaccinations, services, and who to contact for services such as sexual health, drug and mental health advice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had very small numbers of carers registered with them. Written information was available to direct carers to the various avenues of support available to them.

Bereavements at the practice were rare. However the practice discussed any recent deaths or patients diagnosed with cancer at their clinical meetings and would respond appropriately if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Bradford City Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked within a federation of 19 practices in the area to commission services which were relevant to the local population.

- The practice attended numerous events and meetings at the university including fresher's week when several members of staff would proactively register patients on the university campus. The practice would also distribute information and new patient leaflets.
- The practice liaised with the university to highlight health issues, describe the services offered by the practice, and encourage the uptake of vaccines such as the Men ACWY which protects students in the first year of university from meningitis, when they are known to be at the highest risk. The university then sent a global email to all students to encourage attendance.
- The practice did not offer an extended hours clinic; however, 85% of patients at the practice said that they were satisfied with the practices' opening hours. A previous trial of extended opening hours found that there was not a demand for this service. Data also showed that 96% of patients said they could get through easily to the practice by phone.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- We saw that information leaflets were available that were relevant to the patient group. These included bespoke leaflets on how to use NHS services, a self-care leaflet and a "z" card, credit card sized leaflet that gave advice on vaccinations, services, and who to contact for sexual health, drug, alcohol and mental health advice for example.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The practice had responded to suggestions from the PPG to become a mostly virtual group. Members of the

PPG liaised with the surgery through a range of social media where suggestions would be made and discussed. The practice also had a further social media account with approximately 600 followers. Regular messages were tweeted which were relevant to the patient group. Face to face meetings were held around twice a year and a patient newsletter was produced for each academic term.

- The practice accepted registrations from all patient age groups and had a slowly increasing but small number of patients who were resident in the local area. The practice had responded to this change by identifying training needs and continuing to commission services through the federation.
- There were longer appointments available for patients with a learning disability, for patients with long term conditions and for anyone who requested additional time. The practice also allocated a small number of additional patients extra time as they had recognised that they benefitted from this service.
- The practice did not have a demand for home visits. We were told that each request would be individually reviewed by a GP.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were some disabled facilities and interpretation and translation services were available. Baby changing facilities were available and a private room was allocated for breastfeeding if required.

Access to the service

The practice was open between 8.00am and 5.30pm Monday to Friday. Appointments were available between these times. The practice did not offer extended hours appointments. In addition to pre-bookable appointments that could be booked up to three months in advance, telephone consultations and urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 55% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. On the day of our visit, a review of the appointment system showed that patients were able to access same day appointments at very short notice.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits although requests for these were very rare.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of a leaflet.

We looked at complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency.

Lessons were learnt from individual concerns and complaints and we saw that action was taken to improve the quality of care for example; new protocols were put in place. We saw that patients received a verbal and written apology when needed and that a GP would offer to meet with the person.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice discussed with us the need for succession planning in the future.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were very approachable and always took the time to listen to all members of staff. Staff told us they enjoyed their work and felt engaged with how the practice was run.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular clinical team meetings. The practice did not hold full team meetings but communicated with staff through email and hard copies of other meeting minutes. We saw that part time nursing staff used a communication book to keep each other up to date with developments.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The practice had responded to suggestions from the PPG to become a mostly virtual group. Members of the PPG liaised with the surgery through a social media group where suggestions would be made and discussed. The practice also had a further virtual account with approximately 600 followers. Regular messages were tweeted which were relevant to the patient group. Face to face meetings were held around twice a year and a patient newsletter was produced for each academic term. Changes were made as a result of

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

feedback from the PPG. For example, the PPG asked the practice to provide information on how to manage exam stress. A bespoke leaflet was produced and additional information was added to the website

- The practice had gathered feedback from staff through discussions and annual appraisals. The partners at the practice were visible and available on a daily basis and staff would have ad hoc discussions and raise any concerns or issues. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice continued to work closely with 19 other federation practices in the area to commission services for patients. The lead GP and the practice manager were board members and worked collaboratively with the other practices.

The practice was engaged with the CCG initiatives which were incentivised by them including 'Bradford Beating Diabetes'.

We saw evidence of a three year business development plan and the practice continued to be in discussion with the CCG as to how the practice moves forward in the future to continue to offer best practice to their patients.