

Oaklane Surgery

Quality Report

Westbourne Green Health Centre
50 Heaton Road,
Bradford
BD8 8RA

Tel: 01247 957 909

Website: www.drirshadkhanandpartners.nhs.uk

Date of inspection visit: 10 December 2015

Date of publication: 25/02/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	14
Background to Oaklane Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oaklane Surgery on 10 December 2015. 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 an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and report incidents.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with on the day of the visit said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP, drop in clinics were held four times per week and a number of urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, 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

The Patient Participation Group held events and talks in the surgery, sports centres, mosques and day centres, highlighting health issues and promoting services at the

Summary of findings

surgery. The GP's proactively engaged with the PPG and met regularly with them. By highlighting health issues, conditions and available clinics, attendance for screening, such as cervical screening had improved.

The areas where the provider should make improvement are

The practice should maintain up to date records of staff training and ensure that mandatory training is documented.

The practice should ensure that all members of staff who undertake a formal chaperone role undergo training, so that they develop the competencies required for the role.

The practice should ensure that a risk assessment for the control of substances hazardous to health (COSHH) is available.

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.

- There was an effective system in place for reporting and recording significant events
- The practice had dedicated child and adult safeguarding leads who demonstrated a good understanding of the needs of the local population and staff were very clear about their responsibilities in relation to this.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.
- The practice occasionally used members of staff to undertake a chaperone role without the required training and competencies for the role.
- At the time of our inspection not all staff had up to date training records.
- At the time of our inspection we did not see a risk assessment for the COSHH.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data and patient feedback showed overall patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance. This included the assessment of mental capacity and promotion of good health,
- Clinical audits demonstrated quality improvement. A comprehensive full cycle audit of diabetes had been undertaken, the outcomes from which were noted to be having a positive impact on patient outcomes. The practice was able to identify at risk patients and invite them for assessment and screening.
- 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.

Good



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. Staff described close liaison with the CCG. They told us they visited other areas to identify and learn from good practice models.
- The practice participates in the Bradford beating diabetes scheme. A CCG lead public awareness campaign covering the whole of Bradford which aims to identify those at risk of developing diabetes and assist those identified to manage the condition.
- The practice produced a three monthly patient newsletter with input from the PPG.

Are services caring?

The practice is rated as good for providing caring services.

- Quality Outcomes Framework data (QOF is the annual reward and incentive programme detailing GP practice achievement results), showed that patients rated the practice lower than others for several aspects of care. However the patient comment cards we received and the patients we spoke to on the day felt that their care was good.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible. The majority of written information was provided in English. Staff explained they were able to translate for patients who could not read the leaflets.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. A member of practice staff had recently won an award from the CCG for "Practice staff member of the year" for roles including promoting better health in the practice and working with the PPG. A member of the PPG was voted a runner up in the "PPG Member of the year" awards.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Good



Summary of findings

- 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. The practice had increased the number of “drop in” sessions for patients from two sessions per week to four sessions per week as a direct response to the PPG. Patients did not need an appointment to see a GP during these times and would sit and wait to be seen.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice produced a three monthly patient newsletter with input from the PPG.
- The practice had changed their 0845 numbers to a local number in response to PPG concerns regarding the cost of calls.

Are services well-led?

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

- It 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 this.
- There was a clear leadership structure and staff felt supported by management. 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 knowing about notifiable safety incidents
- The patient participation group was active and the GP partners positively engaged with this group. The GP’s proactively sought individual feedback from patients, by way of each GP undertaking an annual survey.
- There was a strong focus on continuous learning and improvement at all levels. Medical conditions were discussed at staff meetings to encourage debate and enhance staff understanding of patient conditions.

Good



Summary of findings

- Staff had received appraisals and told us they were given protected learning time. New starters at the practice also discussed a supportive induction package although we did not see written evidence of this.

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

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged 75 and over had a named GP and were offered an annual health check.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 77% which is higher than the national average of 73%.
- The practice held regular meetings with members of the palliative care team.
- We found easy access for those with poor mobility.

Good



People with long term conditions

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

- Nursing and Health care staff had lead roles in chronic disease management.
- The practice was actively championing the Bradford beating diabetes initiative.
- Diabetes indicators for the practice were below the national average, but comparable to other practices in the area. For example the number of patients with diabetes with a record of a foot examination within the last 12 months was 62%, compared with the national average of 88%. The practice had identified these issues following audit and had plans to improve outcomes with help from the Bradford beating diabetes initiative. Dedicated diabetes clinics were now held at the practice and foot checks were being undertaken for low risk patients and referrals made for those at higher risk of developing complications.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

Good



Summary of findings

- 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 attendances
- Immunisation rates were high for all standard childhood immunisations and above average for the CCG. Rates for immunisations for those under 12 months ranged from 98-100%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were below national average 72% compared to 82%. These were seen to be improving slowly through QOF scores and the GP's were liaising with the PPG, who held talks and visited local community centres, schools and mosques to encourage women to attend for screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A number of appointments were held back each day so that children could be seen in an emergency. Baby changing facilities were available.
- We saw good examples of joint working with midwives, health visitors.
- The practice operated an open access baby clinic once per week with a further clinic available at the main surgery.

Working age people (including those recently retired and students)

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

- 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.
- 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. Including alcohol and smoking cessation clinics, podiatry, a well woman clinic and a weekly session run by a dietician.
- The practice had extended hours until 8.15pm on a Monday and Tuesday

Good



Summary of findings

- The on line booking and cancelling of appointments was available and patients were able to request prescriptions on line. Patients were able to receive appointment reminders by way of a text message to their mobile phones. This was only activated once a patient had given consent.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability and carried out annual health checks. There were easy read leaflets available for cytology and breast examination.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations. Information was also available in the waiting area.
- The practice held a register of people who were carers and this would be noted and appear on the person's record. A local carer's organisation ensured that the practice was up to date with information for carers.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were very clear regarding their responsibilities around information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- 54% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Mental health outcomes for the practice were low. Only 48% of patients with a mental health issue had a comprehensive care plan. This figure had increased by 44% over the last year. The practice discussed mental health outcomes as a priority for the forthcoming year.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice discuss mental health issues as a standing agenda item at their clinical meetings and GP's have recently attended training on mental health strategies.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. 462 survey forms were distributed and 71 were returned. A response rate of 15.4% representing 1.1% of the practice population.

- 60% found it easy to get through to this surgery by phone compared to a CCG average of 53% and a national average of 73%.
- 67% found the receptionists at this surgery helpful (CCG average 76%, national average 87%).
- 74% were able to get an appointment to see or speak to someone the last time they tried (CCG average 70%, national average 85%).
- 82% said the last appointment they got was convenient (CCG average 87.5%, national average 92%).
- 54% described their experience of making an appointment as good (CCG average 56%, national average 73%).
- 59% usually waited 15 minutes or less after their appointment time to be seen (CCG average 60%, national average 65%).

The response rate to the GP survey is low and results variable. However the practice was aware of the need to improve their patient satisfaction scores and held discussions in staff meetings as to how they could achieve this. The practice had then developed an action

plan in response to patient feedback and were implementing changes, such as offering longer appointments for those patients who required an interpreter. Administration and reception staff were trained or due to be trained in customer service skills. The GP's proactively sought individual feedback from patients regarding their performance during consultations, by way of each GP undertaking an annual survey.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards of which 29 were positive about the standard of care received and the environment. Staff were described as helpful, caring and respectful with three respondents noting that they had difficulty making appointments. Two cards mentioned that staff could be heard shouting behind the reception desk.

We spoke with eight patients during the inspection. All patients said they were happy with the care they received and that staff were approachable, respectful and caring. Patients discussed being able to see a doctor of their choice, having enough time to discuss their concerns and of how the service had improved over the last few years. Some patients said they had to wait longer than they would like to get an appointment. The practice was described as welcoming and patients felt involved in their own care.

Areas for improvement

Action the service SHOULD take to improve

The practice should maintain up to date records of staff training and ensure that mandatory training is documented.

The practice should ensure that all members of staff who undertake a formal chaperone role undergo training, so that they develop the competencies required for the role.

The practice should ensure that a risk assessment for the control of substances hazardous to health (COSHH) is available.

Outstanding practice

We saw one area of outstanding practice:

The Patient Participation Group held events and talks in the surgery, sports centres, mosques and day centres, highlighting health issues and promoting services at the

Summary of findings

surgery. The GP's proactively engaged with the PPG and met regularly with them. By highlighting health issues, conditions and available clinics, attendance for screening, such as cervical screening had improved.

Oaklane Surgery

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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Oaklane Surgery

Oaklane surgery provides services for 6234 patients. This patient list and staff are shared with Grange Medical Centre, Bradford and Oaklane is a branch surgery. At the time of the inspection both services were separately registered with CQC. Please see separate report for Grange Medical Centre.

Oaklane surgery is situated within the Bradford City Clinical Commissioning group. (CCG) and is registered with 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.

Grange Medical Centre and Oaklane Surgery are registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services. They offer a range of enhanced services such as childhood immunisations and extended opening hours to access appointments. The practice offers drop in clinics for emergency cases and babies.

There are similar numbers of male and female patients, with a higher than average number of patients under the age of 39, in common with the characteristics of the

Bradford city area. There are fewer patients aged over 40 than the national average. The National General Practice Profile states that 69% of the practice population is from an Asian background with a further 7.7% of the population originating from black, mixed or non-white ethnic groups. The practice estimates that 90% of the practice population is from an Asian background.

There are three GP's, two of whom are male and one is female. The practice is staffed by three part time practice nurses who work 12 hours per week each and two full time health care assistants (HCA's), one of which is male. The practice also engages the services of a pharmacist. The clinical team is supported by a practice manager and a team of administrative staff. The staff team is reflective of the population it serves and are able to converse in several languages including those widely used by the patients, Urdu, Punjabi and English. Staff work across both sites.

The practice catchment area is classed as being within one of the most deprived areas in England.

Oaklane surgery is situated within a purpose built health centre with car parking available. It has good facilities for people with mobility difficulties or those who use a wheelchair.

The surgery is open between 8.30am and 6.30pm on Monday and Tuesdays with appointments made available between 8.30am and 6.30pm. On a Wednesday appointments are available during the opening hours of 8.30am and 2.30pm. On a Thursday and Friday, the surgery is open between 8.30am and 6.30pm and appointments are available between these times. Two drop in sessions per week on a Monday and Wednesday are available for patients to visit the practice without an appointment. A further two drop in sessions per week are also offered at Grange Medical Centre on Mondays and Thursdays. Extended hours surgeries are offered on Mondays and Tuesdays at Grange Medical Centre until 8pm.

Detailed findings

The Out of Hours service is provided by an external contractor, Local Care Direct. When the surgery is closed patients are transferred to Local Care Direct for non-urgent medical advice. Patients are also advised of the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew including Bradford City Clinical Commissioning Group. We reviewed the latest data available to us from the Quality and Outcomes framework, NHS Choices, the national general practice profiles and the national GP survey. We carried out an announced visit on 10 December 2015. During our visit we:

- Spoke with a range of staff including three GP's, a practice nurse, a health care assistant, the practice manager and a number of administrative support staff.

- Spoke with patients who used the service and four members of the PPG.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of 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 are provided for specific groups of people and what good care looks 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 GP's or practice manager of any incidents and there was also a recording form available
- The practice carried out a thorough analysis of the significant events and these were discussed with the team at monthly meetings. Staff told us that this forum was used to aid learning a 'no blame culture' was encouraged during these meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a live vaccine was administered to a patient taking immunosuppressant drugs which is contraindicated and may cause the person to become seriously ill. (Immunosuppressant drugs are a class of drugs that suppress or reduce the strength of the body's immune system). The event was discussed in clinical and practice meetings and an alert has now been added to all patient records of those taking immunosuppressant drugs to make clinicians aware of potential issues.

We reviewed meeting minutes where issues were discussed.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all 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 every month and always provided reports where necessary for other agencies. Staff demonstrated they clearly understood their responsibilities with regard to safeguarding but we were not able to see evidence of training they had received in all cases.

- GPs were trained to Safeguarding level 3 and had attended training on female genital mutilation.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS check). (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). The practice would occasionally use untrained staff to carry out the role if a trained chaperone was not available. This was discussed with the practice as members of staff who undertake a formal chaperone role should undergo training so that they develop the competencies required for the role. The practice is also able to offer a male chaperone. The use of a chaperone was recorded in the patient notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken with a result of 99% in August 2015. We saw evidence that action was taken to address any improvements identified as a result of the audit for example plans were in place to replace fabric covered chairs in clinic rooms.
- On the day we did not see a Health and Safety risk assessment, however the practice has forwarded the completed assessment since our visit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, and the practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had

Are services safe?

been adopted by the practice to allow nurses to administer medicines in line with legislation and staff had a good understanding of these. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We checked the doctor's bags which are used during home visits and found that medications were regularly checked, updated and replaced.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment in two cases. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The third member of staff had been at the practice for several years and some information was not available for example references.

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.
- A health and safety poster was displayed in the reception office.
- The practice had up to date fire risk assessments and carried out regular fire drills with a nominated and competent fire warden. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as and infection control and legionella.

- We did not see a risk assessment for the control of substances hazardous to health (COSHH) including cleaning materials in the practice. We discussed this with the practice manager who agreed to ensure this was in place.
- 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 that enough staff were on duty.

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.
- The practice did not have a defibrillator available on the premises, since our visit a risk assessment has been formulated for this and forwarded to CQC. Staff were able to discuss with us how they would access the emergency services if necessary. Oxygen was available with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. These were audited and checked monthly by a HCA and countersigned by a GP.
- The practice had a 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and information updates from the Bradford City CCG. Clinical meeting notes show that staff also discuss relevant articles from publications such as the British Medical Journal.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and MHRA alerts (Medicines and Healthcare products Regulatory Agency) and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. They also conducted patient reviews and the investigation of significant events.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 72% of the total number of points available, with an average of 3.4% exception reporting. This practice was an outlier for some QOF (or other national) clinical targets.

The practice recognised their population demographic differs significantly from national averages. The practice population was younger than would normally be expected, with most patients being under forty years of age. Significantly lower numbers of people over sixty five were registered (7% compared with a national average of 18%) and high numbers of children under fourteen, (28% of the practice population compared to a national average of 17 %.)

Data from 01/04/2014 to 31/03//2015 showed;

- Performance for diabetes related indicators were comparable to other practices but on average 13% lower than National averages. For example 83% of

patient with diabetes had received a Flu immunisation compared to the national average of 94%. The practice were aware of their population demographics and that south asian patients are at an increased risk of developing type two diabetes when compared with the white european population and also that this population develop the condition earlier in life, (South Asian Health Foundation, 2014). They were engaging with the PPG and the CCG, to encourage patients to attend for reviews and screening. Dedicated diabetic review clinics were being held in the surgery and a diabetic audit had been undertaken.

- The percentage of patients with hypertension having regular blood pressure tests was 67%, which is lower than the national average of 78%.
- Performance for mental health related indicators was significantly worse in some cases than the national average, for example the percentage of patients with a documented care plan was 48% compared to the national average of 88%. However it is noted that the practice has significantly improved this figure from 4% in 2013/14. The PPG told us that mental health issues are not taken seriously within the local community. The practice recognised that the cultural and religious views of some of their patient group influenced their acknowledgement of mental illness and continued to work with the PPG and others to address this.
- The number of women undergoing a cervical screening test in the practice is 72% compared to the national average of 82%. This has increased overall in the 5 year period by 1% at the practice, which the practice reports is a 7% increase in uptake this year. The GP's continued to liaise with the PPG who work in schools, community centres and mosques to highlight health issues with patients and encourage attendance.
- Noted lower prevalence of COPD diagnosis could be due to the low levels of older people at the practice, however a new spirometry machine has been purchased to assist with future diagnosis.

Clinical audits demonstrated quality improvement.

- Several clinical audits have been completed in the last two years, a recent eight point cycle of diabetes care was noted to be good practice by the GP specialist advisor who attended and a plan is in place to

Are services effective?

(for example, treatment is effective)

significantly improve patient outcomes by March 2016. Specific targeted clinics were in place to meet needs. An increased number of patients had been identified as belonging to “at risk” groups and invited for screening.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings from audits were used by the practice to improve services. For example a recent audit of patients with raised blood pressure led to patients being recalled for reviews and interventions or advice taking place.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were able to confidently discuss these issues but this training was not formally documented in all cases.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. One of the practice nurses had undertaken a six month distance learning course in diabetes.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. Staff said that the GP’s and the practice manager were supportive and approachable.
- Staff received training that included: infection prevention, basic life support and information governance awareness. Not all staff had received formal, documented training in safeguarding or fire procedures

but all staff were aware of their responsibilities in these areas. Staff had access to and made use of e-learning training modules and in-house training with protected learning time being allocated two hours per week.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people’s needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings and clinical meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. We saw evidence that a GP had been asked to formally assess the mental capacity of a patient and did so in line with good practice.
- 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, where appropriate, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Patients were able to give written consent to receiving text message reminders for appointments on their mobile phones.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, people with a learning disability, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients were then signposted to the relevant service.
- A dietician was available on a Monday and the practice ran clinics including smoking session, weight management, asthma and diabetes and offers foot checks for those at low risk, referring those at higher risk to specialist services. Regular mental health, depression and dementia clinics are also held.
- The practice offered a drop in baby clinic once per week at both the Grange and Oaklane sites.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical

screening programme. The practice's uptake for the cervical screening programme was 72%, which is lower than 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The Bradford City CCG is currently sponsoring a member of staff to work eight hours per week as the PPG lead, for this programme. This has led to a better relationship with a well-functioning PPG and the disseminating of information in mosques, schools and community centres with regards to health promotion.

Childhood immunisation rates for the vaccinations given were higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 100% and five year olds from 95% to 98%. Flu vaccination rates for the over 65s were 77%, and at risk groups 54%. These were also above national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Disposable 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 and that 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. Reception staff were also able to communicate with patients in a number of different languages.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards of which 29 were positive about the standard of care received, the respectful attitude of the staff and the environment. Staff were described as being helpful, caring and treating people with dignity.

We spoke with eight patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, respectful and caring. The practice was described as welcoming and people felt involved in their own care. Patients said they felt the practice offered an excellent service and staff were respectful.

We also spoke with four members of the PPG. They told us that the three GP's took time to attend PPG meetings and respond to patient concerns. The PPG members also attended the baby clinics to promote services within the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect most of the time. For example:

- 70% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 73% said the GP gave them enough time (CCG average 76%, national average 87%).

- 89% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 64% said the last GP they spoke to was good at treating them with care and concern (CCG average 74%, national average 85%).
- 77% said the last nurse they spoke to was good at treating them with care and concern (CCG average 79%, national average 90%).
- 67% said they found the receptionists at the practice helpful (CCG average 76%, national average 87%)

Overall these results show the practice is performing less well than other practices with respect to patient satisfaction. However, these low ratings may be associated with the low return rate from patients and possibly also because for many patients English is not their first language. Nevertheless, the practice needs to ensure that it continues to engage with its patients positively. An action plan was in place to improve patient satisfaction results and the practice participated in monthly audits and provided a box for patients to leave feedback. The action plan was discussed with the PPG.

The practice had achieved over 91% (Extremely likely, likely) for its Friends and family test result in December 2015 for "How likely are you to recommend our practice to friends and family if they need similar care and treatment". The practice GP's continued to meet with the PPG to improve patient outcomes and respond to patient concerns.

Care planning and involvement in decisions about care and treatment

Patients we spoke to told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients discussed being able to see a doctor of their choice and of how the service has improved over the last few years.

Results from the national GP patient survey showed lower levels of patient satisfaction than we were told about on the visit. Results were lower than local and national averages. For example:

Are services caring?

- 61% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 77% and national average of 86%.
- 49% said the last GP they saw was good at involving them in decisions about their care (CCG average 68%, national average 81%)

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.

Patient and carer support to cope emotionally with care and treatment

The PPG told us the practice was very good at listening to and supporting families when they are bereaved. We were

told that in cases where a death is expected, the GP would give the family their personal mobile number. At the point of death, the doctor would then attend and issue a death certificate; this would allow the family to arrange a timely burial in line with Muslim traditions.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer via an icon on the person's records. The practice had identified 13% of the practice list as carers. They encouraged individuals to register as carers and written information was available to direct carers to the various avenues of support available to them. This was updated regularly by a local carer's charity.

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 (CCG) to secure improvements to services where these were identified. The practice was actively participating in CCG initiatives such as the Bradford Beating Diabetes programme. The practice described a good relationship with the CCG.

- The Grange Medical centre site offered a clinic on a Monday and Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- The practice is encouraging patients to register with the pharmacy first scheme being promoted in the local area. Patients who would be entitled to free prescriptions can obtain medications for common ailments, free of charge from the pharmacy without the need for a GP consultation.
- The practice has introduced four drop in sessions over two sites per week as a direct result of patient feedback.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Staff at the practice were reflective of the patient population group and were able to communicate with patients in Urdu, Punjabi and English.
- A telephone text message service was available.
- Facilities were appropriate for patients with mobility problems
- The practice produced a Newsletter every three months to highlight issues and available patient services.

Access to the service

The practice is open between 8.30am and 6.30pm on Monday and Tuesdays with appointments made available between 8.30am and 6.30pm. On a Wednesday appointments are available during the opening hours of 8.30am and 2.30pm. On a Thursday and Friday, the surgery is open between 8.30am and 6.30pm and appointments

are available between these times. Two drop in sessions per week on a Monday and Wednesday are available for patients to visit the practice without an appointment. A further two drop in sessions per week are also offered at Grange Medical Centre on Mondays and Thursdays. Extended hours surgeries are offered on Mondays and Tuesdays at Grange Medical Centre until 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, 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 comparable to local CCG averages but slightly lower than national averages. People told us on the day that they were able to get appointments when they needed them.

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 60% patients said they could get through easily to the surgery by phone (CCG average 53%, national average 73%).
- 54% patients described their experience of making an appointment as good (CCG average 56%, national average 73%).
- 59% patients said they usually waited 15 minutes or less after their appointment time (CCG average 60%, national average 65%).
- The practice discussed plans to improve QOF scores over the coming months.

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 and leaflets were available for patients. The PPG attended neighbourhood forums and encouraged patients to highlight any issues and concerns so that they could be dealt with.

Are services responsive to people's needs? (for example, to feedback?)

- Practice staff undertook customer service training in response to concerns raised by the PPG; we were told this has improved communication.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

timely manner, in an open and transparent way. Apologies were given where appropriate and lessons were learnt from concerns and complaints and action was taken to improve the quality of care.

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 clear visions and values and staff knew and understood the values.
- The practice had a statement of purpose and staff spoke enthusiastically about both working at the practice and the management team including the GP's. The staff team was clear that their aim was to provide good patient care.
- Patients and the PPG told us that the service was improving.
- The GP partners were visible at clinical and staff meetings and liaised closely with the PPG.
- Staff we spoke to discussed offering more in house services 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
- There were identified GP leads for child and adult safeguarding, prescribing, infection prevention and control, QOF and health and safety.
- Practice specific policies were implemented and were available to all staff, all staff were aware of these policies.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There was a system in place for discussing and learning from incidents without fear of recrimination.
- The practice proactively sought feedback from patients.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always takes the time to listen to all members of staff.

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 knowing about notifiable safety incidents

The practice has a long standing culture of regular staff meetings both within the team and with members of the multidisciplinary team including palliative care nurses, community matrons, midwives and district nurses. Staff told us that they had the opportunity to raise and discuss issues at team meetings and they would feel confident to do 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. GP's from other practices were also invited to attend the clinical meetings.

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- There was a clear leadership structure in place and staff felt supported by management.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG also worked with the practice partners to deliver health promotion messages to the wider community. For example the PPG

Are services well-led?

Good 

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

held events and talks in sports centres, mosques and day centres for the elderly, highlighting health issues and promoting services at the surgery. The GP's and PPG were aware of the lower level uptake of cervical screening in the practice and highlighting this issue had improved attendance.

- The practice had also gathered feedback from staff through appraisals, staff meetings and planned time out with the staff for an annual social event. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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. It attends regular meetings with the CCG and is noted to engage positively with them.

The practice discussed plans to improve QOF scores over the coming months.

The practice has recently been awarded a certificate for good practice in becoming "paper light".

The GP's attend a monthly MDT meeting with other colleagues in the area to discuss complex and difficult cases and to receive specialist input i.e. psychiatry.