The Bradford Moor Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
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

Overall summary

Letter from the Chief Inspector of General Practice:

We carried out an announced inspection visit on 19 November 2014 and the overall rating for the practice was good. The inspection team found after analysing all of the evidence that the practice was safe, effective, caring, responsive and well led.

Our key findings were as follows

The practice provided good, safe, responsive and effective care for all population groups in the area it serves.

Where incidents had been identified relating to safety, staff had been made aware of the outcome and action taken where appropriate, to keep people safe.

All areas of the practice were visibly clean.

Patients received care according to best practice clinical guidelines. The practice had regular information updates, which informed staff about new guidance to ensure they were up to date with best practice.

The service was responsive and ensured patients received accessible, individual care, whilst respecting their needs and wishes.

We saw areas of outstanding practice including:

To remind patients, the day before a booked appointment they are either sent a text or telephoned.

The practice is working with the local hospital to screen patients for Hepatitis B & C.

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?

Good

The practice is rated as good for providing safe services. There were standard operating procedures and local procedures in place to ensure any risks to patients' health and wellbeing was minimised and managed appropriately. The practice learned from incidents and took action to prevent a recurrence. Medicines were stored and managed safely. The building was clean and maintained.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' received care and treatment in line with recognised best practice guidelines such as the National Institute for Health and Care Excellence. Their needs were consistently met and referrals to secondary care were made in a timely manner. The practice worked collaboratively with other agencies to improve the service for people.

Are services caring?

Good

The practice is rated as good for providing caring services. The patients who responded to CQC comment cards and those we spoke with during our inspection, gave positive feedback about the practice. Patients described to us how they were included in all care and treatment decisions and were complimentary about the care and support they received.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice was responsive when meeting patients' health needs. There were procedures in place which helped ensure staff respond to and learn lessons when things do not go as well as expected. There was a complaints policy available in the practice and staff knew the procedure to follow should someone want to complain.

Are services well-led?

Good

The practice is rated as good for being well-led. 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 meetings. Patients and staff felt valued and a proactive approach was taken to involve and seek feedback from patients and staff.

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 made provision to help ensure care for older patients was safe, caring, responsive and effective. All patients over 75 years had a named GP. There were systems in place for older patients to receive regular health checks, and timely referrals were made to secondary (hospital) care. Good information was available to carers.

Good

People with long term conditions
There were systems in place to help ensure patients with multiple conditions received one annual recall appointment wherever possible. This helped to offer the patient a better overall experience in meeting their needs. Healthcare professionals were skilled in specialist areas and their on-going education supported them to follow best practice guidelines.

Good

Families, children and young people
The practice provided care for mothers, babies and young patients which was safe, caring, responsive and effective. The practice held family planning clinics, childhood immunisations clinics and maternity services. There was health education information, relating to these areas in the practice to help keep people informed.

Good

Working age people (including those recently retired and students)
The practice provided care for working age people and those recently retired which was safe, caring, responsive and effective. The practice had extended hours to facilitate attendance for patients who could not attend appointments during normal surgery hours. There was also an online booking system for appointments.

Good

People whose circumstances may make them vulnerable
The practice provided care for vulnerable people, who may have poor access to primary care which was safe, caring, responsive and effective. The practice had arrangements in place for longer appointments to be made available where patients required this and access to translation services when needed. There was a hearing loop system for patients who have hearing difficulties and information available in large print for those with a visual impairment.

Good

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice provided care for people experiencing a mental health problem which was safe, caring, responsive and effective. The practice has access to professional support such as the local mental health team and psychiatric support as appropriate.

Good

Summary of findings

What people who use the service say

We received 31 patient CQC comment cards where patients shared their views and experiences of the service. We also spoke with two patients on the day of our inspection.

Patients and comments from the CQC comment cards told us, the reception staff were courteous, kind and treated them with dignity and respect. They felt all staff communicate with them well; they were involved and felt supported in decisions about their care. They felt the clinical staff responded to their treatment needs and they were given a caring service.

Seven of the CQC comment cards stated they recently had difficulty in getting through on the telephone to make an appointment. This information reflected what the practice staff had reported; they had recently experienced a problem with their telephone system.

Outstanding practice

- The practice reminds patients, the day before a booked appointment they are either sent a text or telephoned.
- The practice is working with the local hospital to screen patients for Hepatitis B & C.

The Bradford Moor Practice

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 second CQC inspector and a GP.

Background to The Bradford Moor Practice

The Practice is situated in a single storey, purpose built building situated in the centre of a residential area in the inner city area of Bradford. It was built in the late 1960's and provides a range of consulting and treatment rooms with supporting administrative areas.

The Practice has two general practitioner (GP) partners and a locum sessional GP who works on a Wednesday afternoon (two male and one female). Working alongside the GPs is a health care assistant and a pharmacist. They are also supported by a team of practice nurses who are employed by Bradford District Care Trust (BDCT). This team has provided support to the practice on a contractual basis for several years; to meet the needs of the practice population. In addition there is an experienced practice manager (who is also a nurse and registered manager), deputy practice manager and receptionists/administration staff.

The practice has a Personal Medical Services (PMS) contract. PMS is a locally agreed alternative to General Medical Service (GMS) for providers of general practice. Their registered list of patients is 3,570. Our information shows that the practice population has significantly higher than the national average 0-18 year old age group, and lower than average 65 year plus age group. The practice is situated within the most deprived area of Bradford.

Opening times are Monday 8am to 7.30pm and Tuesday to Friday 8am – 6.30pm. Appointments can be booked up to six months in advance with a GP, practice nurse, health care assistant and midwife. Appointments can also be booked in person, over the telephone or over the internet and telephone consultation are also available.

When the practice is closed, urgent healthcare advice that is not a 999 emergency is provided by telephoning the local Out of Hours NHS 111 service. This service is available 365 days a year and is free of charge.

A wide range of services are available at the practice and these include: vaccinations and immunisations, cervical smears, and chronic disease management such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and heart disease.

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. This 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.

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.

Detailed findings

How we carried out this inspection

Before visiting the practice, we reviewed information we hold about the service and asked other organisations to share what they knew about the service, such as the NHS Bradford District CCG.

We carried out an announced inspection visit on 19 November 2014. During our inspection we spoke with staff including two GPs, the practice manager, a nurse and two administration/reception staff.

We spoke with two patients who used the service and observed how patients were being spoken with. We also reviewed 31 CQC comment cards where patients had shared their views and experiences of the practice.

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Good

Are services safe?

Our findings

Safe track record

The practice had systems in place to monitor all aspects of patient safety. Information from the Clinical Commissioning Group (CCG) indicated the practice had a good track record for maintaining patient safety. Staff we spoke with understood their responsibilities to raise significant events. This included the process to report them internally and externally where appropriate. We reviewed safety records and incident reports and minutes of meetings where these were discussed. This showed the practice had managed these consistently over time and so could demonstrate a safe track record over the long term.

Learning and improvement from safety incidents

We reviewed how the practice managed serious or significant incidents. They had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We saw incidents were investigated and that actions were implemented as a consequence to prevent recurrence. Staff we spoke with also confirmed they were aware of incidents that had taken place; we also saw minutes of practice meetings which showed incidents were discussed and learning shared with relevant staff.

Safety alerts were reviewed by the practice manager and relevant staff and then discussed at the clinical/ staff meeting, together with the action they had taken.

Reliable safety systems and processes including safeguarding

There were policies and protocols for safeguarding vulnerable adults and children. Any concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible. Staff had received training relevant to their role and this included safeguarding vulnerable adults and children training. The lead GP for safeguarding vulnerable adults and children was trained to Level 3. The GPs told us they had safeguarding meetings for their patients every four to six week. We saw that alerts were placed on patients' electronic records to inform staff of any safeguarding issues for individual patients who attended for consultation.

In the practice waiting room we saw information offering the use of a chaperone during consultations and examinations. Staff told us they asked if patients would like to have a chaperone during an examination. Staff also told us when chaperones were needed the role was carried out by staff who had received the training.

Medicines management

The practice was supported by a pharmacist each week who gave advice on safe, effective prescribing of medication. This included the checking and advising on medicines that needed regular monitoring and reviewing, such as Warfarin and anti-psychotic medication. The pharmacist monitored and audited medicines to ensure the practice followed good practice guidance, published by the Royal Pharmaceutical society and NICE. Three medicine audits were seen. We were told by the GPs that any changes following the audits were led by one of the two GPs. In addition to this the practice worked towards those standards suggested by the Quality Outcome Framework (QOF) to meet local community needs.

Repeat prescribing was proactively managed. There was an information technology (IT) system in place which had been set up to identify patients who had repeat prescriptions. These patients' prescriptions were automatically issued without them having to make a request. The system was monitored three monthly and patients who were not collecting/taking their medicines were identified and followed up.

We were also informed by staff and patients we spoke with, that their medication was reviewed every six to 12 months or more often depending on their individual condition.

We saw emergency equipment was available in the surgery which included emergency medicines. The practice had arrangements for managing medicines to keep patients safe and correct procedures were followed for the prescribing, recording, storage, dispensing and disposal of medicines. However, we found one of the doctors' bags contained an out of date antibiotic. The antibiotic was disposed of at the time of the inspection.

Vaccines were stored in locked refrigerators. Staff told us the procedure was to check the refrigerator temperatures every day and ensure the vaccines were in date and stored at the correct temperature. We were shown their daily records of the temperature recordings and the desired refrigerator temperatures for storage were maintained.

Good

Are services safe?

Cleanliness and infection control

We observed all areas of the practice to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had an infection prevention and control (IPC) policy and a designated lead. A satisfactory infection control audit had taken place within the last three months.

The practice had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids. Sharps bins were appropriately located and labelled.

Equipment

We saw equipment was available to meet the needs of the practice and this included: a defibrillator and oxygen, which were readily available for use in a medical emergency. Routine checks had been carried out to ensure they were in working order.

We saw that equipment had up to date annual, Portable Appliance Tests (PAT) completed and systems were in place for routine servicing and calibration of medical equipment where required. The sample of portable electrical equipment we inspected had been tested and was in date.

Staffing and recruitment

The practice had a recruitment policy. Records we looked at contained evidence that appropriate recruitment checks had been undertaken and this included a criminal record check/ Disclosure and Barring Service (DBS) check. The practice manager and staff told us new staff were mentored and worked alongside other members of staff for six weeks prior to working on their own. We saw annual appraisals of staff had taken place and staff told us the process was supportive.

The practice had recently recruited more staff and this included reception staff. They had a skill mix of staff for their service needs and had arrangements in place to deal with shortages of staff. For example, three senior practice nurses were a support team employed by Bradford District Care Trust and worked a total of 12 hours each week. All three nurses were qualified in asthma, chronic obstructive pulmonary disease (COPD), cytology, vaccinations, and diabetes. The practice also employed a female locum one session a week; all were up to date with their training and this included training needed to carry out their role.

Monitoring safety and responding to risk

The practice had arrangements for monitoring safety and responding to changes in risk to keep patients safe. There were systems in place to monitor safety in the practice and report problems that occurred.

The practice had developed clear lines of accountability for all aspects of patient care and treatment.

Areas of individual risk were identified and steps taken to address the issues. Posters relating to safeguarding and violence/ aggression were displayed. The appointment systems allowed for a responsive approach to risk management. For example, we were told by staff and saw information in the practice leaflet, appointments were reserved each day for 'Book on the day' urgent medical problems. Should the surgeries be fully booked, urgent cases were first assessed by the doctor on call over the telephone prior to being seen. We were told everyone was seen on the day, who presented as an emergency.

There was evidence that the practice learned from incidents and responded to identified risk. The practice looked at safety incidents and where concerns had been raised, they looked at how this could have been managed better or avoided. They also reported to external bodies such as the Clinical Commissioning Groups (CCG), the local authority and NHS England in a timely manner.

We saw emergency equipment was available in the surgery which included emergency medicines. The practice had arrangements for managing medicines to keep patients safe and correct procedures were followed for the prescribing, recording, storage, dispensing and disposal of medicines.

Staff spoken with and records seen, confirmed that all staff had received training in medical emergencies including resuscitation techniques. All staff were trained in basic life support and the clinical staff in the treatment of anaphylactic shock (severe allergic reaction).

Arrangements to deal with emergencies and major incidents

There were business continuity and management plans in place to ensure the smooth running of the practice in the event of a major incident. These included the loss of electrical or telephone systems. Staff were aware of the protocols should an incident occur and this included emergency contact numbers. We were told by the reception/administration staff that each day they printed

Good

Are services safe?

out the GP and nurse's patient lists for the following day. They also texted or telephoned each patient to remind them of their appointment and check they would be attending. The staff also told us about a recent incident which had occurred a few days prior to our inspection.

There had been a power cut and the staff described how they had implemented the continuity plan; having printed off the appointment list of patients attending that day, they were able to maintain a service for patients.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found care and treatment was delivered in line with local CCG, recognised national guidance, standards and best practice. For example, the clinicians used National Institute for Health and Care Excellence (NICE) quality standards and best practice in the management of conditions such as diabetes. We were told any updates were circulated and reviewed by the clinicians, changes made as required and these were discussed at the team meetings as appropriate.

The practice also held multiple clinics where appropriate, to meet the needs of the practice population. These included those patients with long-term conditions, such as diabetes and COPD. Other clinics included: new patient assessment, childhood immunisation and monitoring, antenatal and post natal clinics, general health checks and minor surgery.

The practice had registers for patient needing palliative care, diabetes, asthma, and COPD. This helped to ensure each patient's condition was monitored and that their care was regularly reviewed. Additionally regular palliative care meetings were held and they included other professionals involved in the individual patient's care.

Protocols from the local NHS trust were available and used to assist staff in maintaining the treatment plans of their patients. The practice used standardised local/national best practice care templates as well as personalised self-management care plans for patients with long-term conditions. There were Bradford specific screening programmes in place, such as diabetes and for hepatitis B and C, to ensure patients were supported with their health needs in a timely way.

The practice raised awareness of health promotion during consultations with GPs and nurses. They also had health promotional literature available in the treatment rooms, the practice waiting areas and were brought to patients' attention through the practice newsletter and website.

Management, monitoring and improving outcomes for people

We found there were mechanisms in place to monitor the performance of the practice and the clinician's adherence with best practice to improve outcomes for people.

We saw the practice had a system in place for monitoring patients with long term conditions (LTC) and this included learning disabilities. Care plans had been developed and they had incorporated NICE and other expert guidance. Examples of conditions where templates were used included asthma.

The practice aimed to deliver high quality care and participated in the Quality and Outcomes Framework (QOF). The QOF aimed to improve outcomes for a range of conditions such as diabetes. The practice used the information they collected to help monitor outcomes for patients and the quality of services they provided.

We found clinical staff had a good awareness of recognised national guidelines. For instance they used National Institute for Health and Care Excellence (NICE) quality standards and best practice in the management of conditions such as diabetes and asthma. The practice had a system in place for completing clinical audit cycles and examples of these were seen. We also saw minor surgical procedures took place in the practice in line with the GPs registration. The staff were in the process of auditing the service to ensure they continued to meet current guidance and enable positive outcomes for patients.

The practice completed full health checks on new patients and followed up any identified health needs.

Effective staffing

Staff employed to work within the practice were appropriately qualified and competent to carry out their roles safely and effectively. This included the clinical and non-clinical staff.

Staff confirmed and records demonstrated that new staff were provided with induction training and were monitored during their first few weeks in post. They were able to access relevant up to date policy documents, procedures and guidance.

Staff had annual appraisals where they identified their learning needs. The practice ensured all staff kept up to date with both mandatory and non-mandatory training; training received included: fire awareness, safeguarding adults and children and basic life support. Staff also confirmed they received training specific to their roles and this included, cytology update training, wound management, heart disease, diabetes, and COPD.

Good

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

We saw evidence the practice staff worked with other services and professionals to meet patients' needs and manage complex cases. There were regular meetings with multi-disciplinary teams within the locality. This included district nurses and health visitors. Multidisciplinary meetings were held to discuss patients on the palliative care register and support was available irrespective of age.

Staff we spoke with felt they were listened to and involved in the running of the practice. There were clear lines of accountability and staff understood their roles.

The practice used a computer system to store patient records. Staff input data such as discharge letters and blood results into the electronic records. The GPs reviewed the information and actioned where appropriate.

The practice manager told us they were working with NHS Bradford District CCG on a number of projects. For example, providing diabetic clinics as part of the Bradford Beating Diabetes campaign.

Information sharing

Staff had access to electronic systems relevant to their role and all staff had access to up to date practice policies and procedures. Staff told us they were kept informed by the practice manager if there had been any changes to policies and procedures.

We saw evidence the practice staff worked with other services and professionals to meet patients' needs and manage complex cases. There were regular monthly meetings with the multi-disciplinary team within the locality. These included community matron, district nurses, health visitors and palliative care nurses. There were also regular informal discussions with these staff. This helped to share important information about patients including those who were most vulnerable and high risk. The electronic system enabled timely transfer of information with the out of hour's providers and this included the local hospitals.

Consent to care and treatment

We found the healthcare professionals understood the purpose of the Mental Capacity Act (2005) and the Children Act (1989) and (2004). All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

They also spoke with confidence about Gillick competency assessments of children and young people, which were used to check whether these patients had the maturity to make decisions about their treatment. All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

Patients felt they could make an informed decision. They confirmed their consent was always sought and obtained before any examinations were conducted. They told us about the process for requesting and using a chaperone and felt confident that it was effective as it was available to them when needed.

Health promotion and prevention

All new patients were requested to complete a registration form and offered a health check appointment with the healthcare assistant. Once registered with the practice patients were able to see their GP of choice.

The practice nurse team led on the management of long term conditions (LTCs) of the patients in the practice. They proactively gathered information on the types of LTCs patients present with and they had a clear understanding of the number and prevalence of conditions being managed by the practice.

We saw the 'call and recall' system and how this worked within the surgery. This helped to ensure the timely and appropriate review of patients with LTCs and those who required periodic monitoring. Patients with more than one LTC were offered one recall appointment when all care and treatment could be reviewed. This included an appointment time which was longer to improve the patient experience.

The practice website promoted information about how to become healthy. This included articles such as vitamin D deficiency advice and who may be at risk. Tips on living with diabetes, and weight loss advice for patients who may be overweight and struggling to lose weight. Posters relating to health and advice were seen in the waiting room. These included smoking cessation, improving mental health, and information signposting patients to appropriate support groups. The practice leaflet informed people about useful telephone numbers, such as the NHS 111 24 hour service and local pharmacy telephone numbers.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received 31 patient CQC comment cards where patients shared their views and experiences of the service. We also spoke with two patients on the day of our inspection.

Patients and comments from the CQC comment cards told us, the reception staff were courteous, kind and treated them with dignity and respect. They felt all staff communicated with them well; they were involved and felt supported in decisions about their care. They felt the clinical staff responded to their treatment needs and they were given a caring service.

Seven of the CQC comment cards stated they recently had difficulty in getting through on the telephone to make an appointment. This information reflected what the practice staff had reported; they had recently experienced a problem whereby their telephone system, together with other practices in the building were disrupted. Immediate action was taken and the system was resumed.

Staff were familiar with the steps they needed to take to protect people's dignity. We observed that staff were careful when discussing patients' treatments so that confidential information was kept private.

Staff used a consulting room when patients wished to speak in private with a member of staff. All consulting rooms were private and patients who completed the CQC comment cards told us their privacy and dignity was always respected.

Care planning and involvement in decisions about care and treatment

The patients we spoke with said they had been involved in decisions about their care and treatment. They told us their treatment was fully explained to them and they understood the information. They also said the staff responded to their treatment needs, they were given a caring service, and they felt listened to and supported by staff.

Staff recognised when patients who used the practice and those close to them needed additional support to help them understand or be involved in their care and treatment. Members of the staff team were multi-lingual and had access to further interpretation services when needed.

Patient/carer support to cope emotionally with care and treatment

We saw information in the practice about advocacy, bereavement support and counselling services. Staff were also aware of contact details for these services when needed.

The patients we spoke with on the day of our inspection told us, staff were caring and understanding when they needed help and provided support when required. The CQC patient comments cards also confirmed that all of the practice staff were supportive.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Care and treatment was planned and delivered to meet the needs of patients. Patients we spoke with told us the practice was providing a service that met their needs. The practice regularly sought the views of patients through the patient suggestion box, patient survey and the Patient Reference Group (PRG) which enabled patients to voice their concerns and needs.

In 2006 the PRG was set up and although the practice endeavoured to keep the group meeting in person, due to patient's preferences, contact with the group is now via email. Since 2013 there have been 26 regular members. The group consisted of 12 male and 14 female patients, between the ages of 21 and 80 years. They had a range of ethnic backgrounds including White British, Pakistani, Bangladeshi, and Indian.

In addition, the patients represented different groups of patients, such as those with diabetics, heart failure, asthma, stroke patients, those who were housebound, and carers. We saw the practice continued to advertise information relating to the PPG in their waiting room, newsletters, on the back of prescriptions and on the internet.

With the help of the PRG in deciding what the common themes patients were concerned about, the practice carried out a survey in 2014. The practice used an independent company to carry out the survey.

One of the main themes was patients would like more appointments available to book on the day they contact the practice. In response to this the practice increased the availability of these appointments. The practice also increased the patient awareness about the online booking arrangement and increased the amount of online appointments to meet the increasing demand. The survey also showed that patients found the reception staff were polite, friendly and professional manner. The practice performed very well on respect for privacy/confidentiality.

Patients with immediate, or life-limiting needs, were discussed at multidisciplinary professional meetings this helped to ensure everyone involved in their care delivery were up-to-date with any changes to their care needs.

QOF data identified the practice was performing better than expected in several areas when compared to the national targets. These included maintaining a patient register for patients with a learning difficulty and offering a health assessment; having a register for patients in need of palliative care/support and having three monthly multidisciplinary case review meeting for these patients.

Tackling inequity and promoting equality

To facilitate attendance for patients the practice was open until 6.30pm four days a week and 7.30pm on a Monday. The extended hours allowed for flexible access for vulnerable population groups, and working age people, including those in full time education.

Patients who needed extra support because of their complex needs were allocated double appointments. We saw specific tailored care plans to meet their needs for example patients with learning disabilities or those who had long term conditions such as diabetes.

The practice was participating in the Bradford Beating Diabetes programme. (This is a major public awareness campaign about diabetes. It ensures they receive the appropriate advice, care and support to prevent or delay the onset of the condition. It also helps those who already have diabetes to manage their condition and prevent serious complications.) They also worked with the hospital to screen patients for Hepatitis B & C to improve the health of their practice population.

Access to the service

The surgery opening times were detailed in the practice leaflet which was available in the patient waiting room and on their website. The opening times were Monday 8am to 7.30pm and Tuesday to Friday 8am – 6.30pm. Appointments were available to book six months in advance with a GP, practice nurse, health care assistant and midwife. Appointments could also be booked in person, over the telephone or over the internet and telephone consultation were also available.

Additionally appointments were reserved each day for 'Book on the day' urgent medical problems. Should the surgeries be fully booked, urgent cases were first assessed by the doctor on call, over the telephone, prior to been seen. We were told everyone was seen on the day who presented as an emergency.

Home visits were also available where appropriate, and included visits to patients who were house-bound.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Nurse/Healthcare staff appointment could be booked routinely for a variety of conditions and health promotion, including: asthma, COPD, hypertension, cardiac disease, diabetes, family planning, travel and childhood vaccines, and health checks.

A range of non NHS services were also available and included circumcision, private medicals and Melasma treatment.

Repeat prescriptions were automatically issued without patients having to make a request. The patient would be made aware their prescription was available to collect or the local pharmacist provided a collection and delivery service. Other medication could be requested either in person, by post, fax or email. Information relating to this was available in the practice leaflet and on their website.

When the practice was closed, urgent healthcare advice that was not a 999 emergency was provided by telephoning the local Out of Hours NHS 111 service. This service was available 365 days a year and was free of charge.

The practice had access to translation services, and some of the staff were also able to assist with interpreting in a number of languages including Urdu and Punjabi.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager, who was the designated person who handled complaints in the first instance, told us all complaints were taken seriously. They had an open door policy for staff and patients so concerns or complaints could be responded to in a timely manner. We were also told the outcomes of complaints, actions required and lessons learned were shared with the staff during their team meetings.

The complaints procedure was available to patients in the practice booklet and in the waiting room. The patients we spoke with were happy with the care they received at the practice and they knew how to make a complaint should they need to. They also felt they would be listened to.

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

There was an established management structure within the practice. The practice manager, GPs and staff were clear about their roles and responsibilities and the vision of the practice. They worked closely with the local CCG and were committed to the delivery of a high standard of service and patient care. They told us the patient came first. They wanted to continue to deliver personal services to their patients, which met their needs. They were pro-actively working with the CCG and other practices locally to ensure their provision of primary care continued to be of a high standard.

Monitoring took place, and this included audits to ensure the practice was delivering safe, effective, caring, responsive, and well led care.

Governance Arrangements

The practice had effective management systems in place. They had policies and procedures to govern activity and these were accessible to staff. We saw the policies incorporated national guidance and legislation, were in date; reviewed and updated.

The practice held meetings where governance, quality and risk were discussed and monitored. Records showed the majority of staff had attended information governance training, and staff who had recently joined the practice had been identified to go on the next available training date.

Staff we spoke with were clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns. We found clinical staff had defined lead roles within the practice. For example, the management of long term conditions, safeguarding children and adults. Records showed and staff confirmed that they had up to date training in their defined lead role.

Leadership, openness and transparency

The practice was committed to on-going education, learning and individual and team development of staff. There was good communication between staff. We saw from minutes that team meetings were held regularly, incidents were discussed and the practice had a proactive approach to incident reporting. Staff told us there was an open culture within the practice and they had the opportunity to and were happy to raise issues at team meetings.

Staff we spoke with told us that all members of the management team were approachable, supportive and appreciative of their work. Staff also spoke positively about the practice and how they worked collaboratively with colleagues and health care professionals; for example, dietician, health visitor and midwives.

We saw the minutes of integrated care team meetings, where members of the wider multi-disciplinary teams attended to discuss care and treatment of the patients they supported. Members of this team included social workers, community matrons, social services, palliative care nurse, members of the carers' resource team and the community mental health team.

Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients through patient surveys, and complaints received. We looked at the results of the annual patient survey and the main issue was access to appointments. We saw action had been taken such as making more appointments available and publicising how patients accessed those appointments. The practice newsletter reminded patients to cancel their appointment if not needed or they were running late for an appointment. Patients were telephoned or for those who had consented, received SMS text messages reminding them of their appointment. These measures had been taken in working towards patients who needed to be seen had the opportunity.

The Patient Reference Group (PRG) was actively supported by the practice and the practice manager ensured they were kept up to date and were able to participate in any proposed changes in a timely way.

The staff felt they could raise concerns at any time with either the GPs or practice manager. They were considered to be approachable and responsive. The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Are services well-led?

Good

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

Management lead through learning & improvement

We saw there was a system in place for staff appraisals and staff had mandatory training and additional training to meet their role, specific needs. Mandatory training included: fire safety awareness, safeguarding vulnerable adults and children. The practice had clear expectations of staff attending refresher training and this was completed in line with national expectations. Staff we spoke with told us they felt supported to complete training and could request additional training which would benefit their role. This included: ECG training, Information Governance, and Customer Care.

Staff were able to take time out to work together to resolve problems and share information which was used proactively to improve the quality of services. We saw minutes of meetings where issues had been discussed and proposed action identified as a result.