

Hillside Bridge Health Centre

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	Requires improvement	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hillside Bridge Health Centre on 13 September 2016. Overall the practice is rated as requires improvement.

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.
- Risks to patients were assessed and well managed.
- Results from the national GP patient survey showed the practice was rated below average for its satisfaction scores on consultations with GPs and nurses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw that development and learning was prioritised by the practice and staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment during consultations with their GP.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. Staff told us that they would feel confident to raise any concerns with the lead GP or practice manager.
- The provider was aware of and complied with the requirements of the duty of candour.
- Overall the practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice ensured that every locum always completed an 'End of Shift Check Out Form' which ensured continuity of care for patients.

Summary of findings

- All patients who attended accident and emergency (A&E) or had an unplanned hospital admission were reviewed and their needs assessed.

The areas where the provider should make improvements are

- The provider should develop an action plan to address low patient satisfaction scores.

- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw evidence of multidisciplinary discussions at team meetings, where vulnerable children, adults and families were discussed.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Clinical audits and peer reviews had been carried out within the practice. However it was noted that many of the audits discussed on the day of inspection were single cycle.
- Child immunisation rates were significantly below average for some age groups.
- The practice's uptake for the cervical screening programme was 64%, which was below the CCG average of 76% and the national average of 81%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- The practice participated in Clinical Commissioning Group (CCG) initiatives such as Bradford Beating Diabetes and could offer specialist support to patients requiring help with insulin management. This reduced the need for patients to attend the local hospital.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice held joint protected learning afternoons every quarter with other health

Good



Summary of findings

professionals, where meetings, discussions and training would take place. Staff were up to date with their training and attend additional learning and development events which would improve patient care.

- Staff worked effectively and collaboratively with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- Patients we spoke to on the day said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw on the day of inspection that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The provider should develop an action plan to address low patient satisfaction scores.
- Staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the surgery and walk-in service met the health needs of a significant number of the local transgender community. The practice was also participated in a local programme for the proactive screening of potentially undiagnosed diabetics and had introduced an additional Saturday morning clinic to improve access for working patients.
- The practice had also recently purchased an Atrial Fibrillation screening tool having recognised that it was underdiagnosed in this area.
- Practice patients were also able to access the walk-in service which was attached to the practice and which was open 2pm to 8pm 365 days per year.

Requires improvement



Summary of findings

- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- 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. For example the addition of crayons, colouring paper and toys for toddlers in the waiting area.

Are services well-led?

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

- The practice had a “virtual” patient participation group (PPG) and therefore had a limited ability to fully engage with patients. At the time of inspection the practice was establishing an “operational PPG” to try to stimulate more effective engagement.
- The practice was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- Local Care Direct Limited had developed a set of internal key performance indicators. It monitored these on a monthly basis and used the information to assess progress in important aspects of service delivery, for example staffing levels and appointment availability.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had installed a tablet at reception in June 2016 to gain effective feedback from the patients it served.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as requires improvement for the care of older people. The issues identified as requiring improvement affected all patients, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. For example, practice nurses made home visits to administer flu vaccinations to older patients who struggled to attend the surgery.
- Care plans had been developed for older patients who were identified as being at risk.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for the care of people with long-term conditions. The issues identified as requiring improvement affected all patients, including this population group.

- Nursing staff had lead roles in chronic disease management, which included diabetes, chronic obstructive pulmonary disease (COPD) and asthma, and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver multidisciplinary packages of care.
- The practice offered 24 hour blood pressure monitoring and in-house spirometry.

Requires improvement



Families, children and young people

The practice was rated as requires improvement for the care of families, children and young people. The issues identified as requiring improvement affected all patients, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Requires improvement



Summary of findings

- We were told by the practice that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice uptake for the cervical screening programme was 64%, which was below the CCG average of 76% and the national average of 81%.
- Immunisation rates were relatively low for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Additionally, patients could access the walk-in centre out of the practice core hours.
- All staff had received safeguarding training and were aware how to follow up concerns.

Working age people (including those recently retired and students)

The practice was rated as requires improvement for the care of working age people (including those recently retired and students). The issues identified as requiring improvement affected all patients, including this population group.

- The practice was proactive in offering online services, which included appointment booking and repeat prescription requests.
- A range of health promotion and screening was offered that reflected the needs for this age group, this included weight management advice and smoking cessation support.
- Telephone consultations were available to those unable to attend the surgery.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requiring improvement affected all patients, including this population group.

- The practice held a register of patients living in vulnerable circumstances and used this information to coordinate services. For example, it used the mental health register to recall patients for regular reviews and a carers register to offer winter flu immunisations.
- The practice and walk-in centre provided regular services for members of the nearby traveller community.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with enhanced needs such as those with a learning disability or the frail elderly, and offered health checks and care planning.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the surgery and walk-in service met the health needs of a significant number of the local transgender community.

People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requiring improvement affected all patients, including this population group.

- The most recently published QOF results showed that 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG and national average of 84%.
- The practice regularly worked closely with other health professionals in the case management of patients experiencing poor mental health, including those with dementia
- Practice staff told us they also worked closely with relatives of patients who had poor mental health including dementia when this was appropriate.
- The practice had a system in place to follow up patients who had attended accident and emergency when they may have been experiencing poor mental health.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Of 362 survey forms which were distributed 80 were returned for a response rate of 22%. Whilst the actual numbers returned were low this represented over 2% of the practice's patient list.

- 35% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% national average of 85%.
- 65% of patients described the overall experience of this GP practice as good compared to the CCG average of 70% and the national average of 85%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 58% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. However, we did not receive any comments cards from patients although these were on display and available for completion. .

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received at the practice and walk-in centre and thought staff were approachable, committed and caring.

Data from 4 August 2016 to 7 September 2016 NHS Friends and Family Test showed that 53% (35 forms completed) of patients were either extremely likely or likely to recommend the practice to friends and family (the NHS Friends and Family Test was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed).

Areas for improvement

Action the service SHOULD take to improve

- The provider should develop an action plan to address low patient satisfaction scores.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.

Hillside Bridge Health Centre

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, a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Hillside Bridge Health Centre

Hillside Bridge Health Centre comprises a GP practice for registered patients and a walk-in service for non-registered patients. The centre is operated by Local Care Direct Limited which is a community owned healthcare provider which delivers a range of health services including 111 services across West Yorkshire. The practice has been open since 2007 and is located on the upper floor of a building located at:

4 Butler Street West

Bradford

BD3 0BS.

At the time of inspection the surgery had a registered patient population of around 4,750. The building is accessible to those with a disability and is served by a staircase and passenger lift. Being located in the centre of Bradford there is ample on-site parking. The practice is a member of the NHS Bradford City Clinical Commissioning Group (CCG).

The population age profile shows that it is significantly below the CCG and England averages for those over 65 years old (5% of the practice population is aged over 65 as

compared to the CCG and England averages of 17%). Correspondingly, the practice has a high number of patients aged under 18 years at 29% compared to CCG and England averages of 20%. Average life expectancy for the practice population is 73 years for males and 77 years for females (England average is 79 years and 83 years respectively). The practice has higher than average numbers of patients with long term conditions such as diabetes, chronic obstructive pulmonary disease and dementia. The practice has higher numbers of non-white British patients and those who are transient. Deprivation in the area served by the practice is relatively high, being ranked in the second most deprived decile.

The practice provides services under the terms of Alternative Practice Medical Services (APMS) contracts for the surgery and the walk-in service. The practice and walk-in service are registered with the Care Quality Commission (CQC) to provide treatment of disease, disorder or injury, diagnostic and screening procedures.

The practice surgery offers a range of enhanced local services including those in relation to;

- Alcohol
- Childhood vaccination and immunisation
- Dementia
- Improving online access
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Minor surgery
- Learning disability support
- Avoiding unplanned admissions
- Risk profiling and care management

As well as these enhanced services the practice surgery also offers additional services such as those supporting chronic disease management including asthma, chronic obstructive pulmonary disease, heart disease and hypertension.

Detailed findings

Additionally the practice delivers services in conjunction with health visitors, midwives and district nurses.

The walk-in centre delivers services for minor illness in relation to acute episodes and does not provide ongoing care for pre-existing conditions.

The practice staff consists of one salaried GP (male), one advanced nurse practitioner (female), one practice nurse (female) and three healthcare assistants (female). Clinical staff are supported by a practice manager and an administration/reception team. Wider support is available from Local Care Direct Limited. The practice utilised locum staff to meet operational need.

The practice offers a range of appointments, these include:

- Routine pre-bookable appointments up to four weeks in advance
- Urgent appointments/on the day appointments
- Telephone appointments/consultations

Appointments could be made in person, via the telephone or online.

The walk-in centre is accessed via presentation by patients on the day and is staffed by an advanced nurse practitioner ANP (there is currently a vacancy being advertised for another full-time ANP) and GPs from the practice.

The practice surgery is open Monday to Friday 8am to 6.30pm, Saturday 11am to 1.30pm and the walk-in service operates from 2pm to 8pm seven days a week over every day of the year.

Out of hours care is provided by the parent company, Local Care Direct Limited, and this can be accessed via the practice telephone number or via NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the practice is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 September 2016. Prior to and during our visit we:

- Spoke with a range of staff, which included a salaried GP, advanced nurse practitioner, nursing staff, senior managers from Local Care Direct Limited, patient engagement lead and members of the administration team.
- Spoke with eight patients who were positive about the practice and the care they received.
- Observed in the reception area how patients/carers/family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Spoke with NHS Bradford City Clinical Commissioning Group.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform practice management or the duty GP of any incidents and complete a recording form which was available on the computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that practices of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice and walk-in centre carried out investigations into events and analysed results.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety. For example, the practice recorded significant events as they occur within the clinical system to ensure they capture these as early as possible. In addition the practice requested that local pharmacy drivers needed to produce identification when they were collecting prescriptions on behalf of their patients as they had recognised that this was not being done in all instances.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 were lead members of staff responsible for safeguarding. A GP

attended bi-monthly safeguarding meetings with the midwife and health visitor and they were able to give examples of when safeguarding concerns had been raised in the past. Staff demonstrated they understood their responsibilities and all staff had received training on induction and on an annual refresh basis into safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child safeguarding level three, and non-clinical staff were trained to level one.

- The practice and walk-in centre used a prioritisation tool to identify patients who needed to be seen urgently by a clinician upon presentation at reception. Reception staff were trained in the use of the tool and would fast track patients for treatment if required.
- A notice in the waiting room advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). We noted that DBS checks were updated on a three yearly basis.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP and the practice nurse were the infection prevention and control (IPC) clinical leads, and they liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. At the

Are services safe?

time of inspection they were working with the team to reduce antibiotic prescribing. Overall the practice showed satisfactory performance in relation to prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files on the day and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available on the computer system. The practice had up to date fire risk assessments and was subject to regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had a property maintenance agreement which covered other mandatory checks such as those in relation to passenger lift testing.
- At the time of inspection the practice had adequate staffing arrangements in place. Local Care Direct Limited had also developed a number of internal key performance indicators which it reviewed on a monthly basis; these indicators included those in relation to clinical staffing levels and locum usage.

- Due to the regular use of locums the practice had developed a detailed locum pack and guide to give key information to new locums. In addition a locum checkout form had been instituted for locums to complete at the end of each session. This ensured the practice were aware of any referrals, outstanding issues or areas for follow up.
- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A doctor, the practice nurse, a health care assistant and administration staff were all available daily and the practice was currently recruiting into a newly created senior advanced nurse practitioner role. Administration staff told us they had enough time to book in patients and to cover for each other. We were told that staff would work additional hours when needed.

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 had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice held a stock of emergency medicines which were easily accessible to staff in a secure area of the practice.
- The practice and walk-in centre had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice and walk-in centre had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Alerts and updates were emailed to all primary care staff and hard copies were available when required. Alerts and updates were also discussed at weekly team meetings.
- The practice and walk-in centre monitored that these guidelines were followed through risk assessments, audits and through the practices own internal performance monitoring system.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The practice had an overall clinical exception reporting rate of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed mixed overall performance. Results may have been affected by the demographic characteristics of the patient population and the level of exception reporting:

- Performance for diabetes related indicators was 91% which was the same as the CCG average and England average.
- Performance for mental health related indicators was 90% which was the same as the CCG average and the England average.

- Performance for dementia related indicators was 100% which was 15% above the CCG average and 16% above the England average.
- The QOF score for 2015/16 was similar to the 2014/15 score.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical and prescribing audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice used an accredited audit tool to internally audit its clinical staff and was also looking at an anonymised peer review scheme.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of its ordering and stock control processes.
- Information about patients' outcomes was used to make improvements such as shared care methotrexate monitoring.
- At the time of inspection the practice was developing an audit programme for the coming year.

Effective staffing

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

- The practice had a two day induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice and walk-in centre could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff were prompted via the practice when update training was due to be retaken and monitored to ensure that this had been carried out. The practice nurse attended the local practice nurse forum and along with the health care assistants attended updates for cytology, seasonal Influenza, Pneumococcal and Shingles vaccinations, Diabetic foot assessment, Vitamin B and wound care. All staff had mandatory training in equality & diversity, customer care and conflict resolution.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. It was noted though that due to staffing issues meetings in the past had been subject to cancellation. At the time of inspection these had been reinstated.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. When required, meetings took place with other health care professionals where care needs were considered and plans reviewed. Due to the age profile of the practice multidisciplinary working in relation to older people and palliative care was limited (only 5% of the population was aged over 65 years at the time of inspection).

All patients who attended accident and emergency (A&E) or had an unplanned hospital admission were reviewed and

their needs assessed. Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and coded on the electronic records to alert other clinicians.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and were aware of the Gillick/Fraser competencies. (These are used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol support
- who acted in the capacity of a carer and may have required additional support

The practice's uptake for the cervical screening programme was 64%, which was below the CCG average of 76% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

We were told the practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to those

Are services effective? (for example, treatment is effective)

under two year olds ranged from 83% to 92% (CCG averages ranged from 82% to 98%) and five year olds from 77% to 84% (CCG averages ranged from 91% to 98%). We discussed the variation in figures with the practice who felt that this was due to the difficulty the practice had at successfully engaging with some families, due to language or cultural issues. The practice told us that it tried to contact the parents/carers of children who had missed vaccinations and worked closely with health visitors to improve immunisation rates. The practice had recently met with the Public Health England Screening & Immunisations co-ordinator to assess their current performance in this area and how it might be improved.

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

Staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the surgery and walk-in service met the health needs of a significant number of the local transgender community.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in the practice consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We spoke with a patient from an ethnic minority who visited the practice with their special needs child. The patient told us the practice always cared for them in a very compassionate manner and their child was always happy to visit the surgery and meet the staff. The parent could not speak English yet still felt comfortable with the care and support that they received.

The practice had a "virtual" patient participation group (PPG) with four members and therefore had a limited ability to fully engage with patients. At the time of inspection the practice was establishing an "operational PPG" to try to stimulate more effective engagement. At present the PPG met four times a year with four members, a GP and the practice manager. After the inspection we telephoned members of the PPG who told us the practice had improved its waiting times and appointment systems.

Results from the national GP patient survey showed the practice was rated below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 67% of patients said the GP gave them enough time compared to the CCG average of 76% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 83% and the national average of 92%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 76% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day told us 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed below patient responses to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 77% and the national average of 86%
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and the national average of 82%
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%

The practice was aware of issues in relation to some of these satisfaction scores being relatively low. It had discussed these scores with staff to raise awareness, and had recently taken staff out of practice to attend an externally facilitated customer care training session.

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

- Staff told us that interpretation 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.

Are services caring?

- Information leaflets were available in easy read format.
- A hearing loop was available to support those patients with a hearing impairment.
- The practice was wheelchair accessible and the practice was served by a passenger lift to assist those with mobility issues.

Patient and carer support to cope emotionally with care and treatment

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

There was a carers' register in place and the practice's computer system alerted GPs if a patient was also a carer, at the time of inspection the practice had 72 carers on the register (1.5% of the practice population). Carers were eligible for the winter flu immunisation and a personalised care plan. Written information was available to direct carers to the various avenues of support available to them. The practice had spoken with a carers support worker and were planning a team meeting with this person in the near future.

Staff told us that if families had experienced a bereavement that the practice was able to offer either support or signpost to other bereavement agencies.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Practice patients were also able to access the walk-in centre which was open 8am to 8pm 365 days per year.
- There were longer appointments available for patients with a learning disability or those who had other needs which necessitated longer time spent with a clinician.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for young babies and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpretation services were available.
- Both the practice and walk-in centre provided services for traveller families, migrant workers and their families and asylum seekers.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, and the walk-in centre was open between 2pm and 8pm every day. The practice offered pre-bookable appointments, urgent/ on the day appointments and telephone consultations. The walk-in centre dealt with patients on an urgent/on the day basis.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 76%.
- 35% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.

From the practice's own patient survey conducted in September 2016 showed better results. For example:

- 45% of patients said they could get through easily to the practice by phone.

The practice was aware of issues in relation to some of these satisfaction scores being relatively low. It had discussed these scores with staff to raise awareness, and had recently taken staff out of practice to attend an externally facilitated customer care training session.

The practice have the core opening hours from 8am to 6.30pm but because they also run the 'Walk-In Service' until 8pm daily (and weekends) this meant that whilst they may not be providing clinical access at that time they have the reception team available. The practice added a Saturday morning clinic last year, from 11am to 1.30pm but it did not appear that patients had responded to this yet.

With regard to phones, the practice was aware that patients struggled to get through. The phone lines go to the call centre at 'head office' and much like elsewhere they have a peak at 8am which results in phone queues. The practice installed a new phone system at head office last year and survey results are improving.

One way forward but as yet still underutilised was the facility for patients to book their appointments online, which the practice was promoting. The practice currently have 276 (5%) of patients and continue to make more on-line appointments available as demand increases.

The eight patients we spoke to on the day told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

When requests for home visits were made reception staff had been informed to gather as much information as possible to allow for an informed decision to be made. The request would be put through to the duty GP who would call the patient and make a decision as to whether a home visit could be made based on the clinical need of the patient.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the practice website contained details of how to make a complaint.

We looked at two of 19 complaints received in the last 12 months and found they had been investigated and dealt with in a timely manner. In responses to complaints the practice explained the investigation findings and when necessary had made an appropriate apology. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result 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 specified aims and objectives with regard to the delivery of the services it provided and staff knew and understood the values.
- The practice had a strategy and supporting business plans, which included an annual plan which reflected the vision and values and these were regularly monitored. The practice had firm plans to improve patient access and liaised with stakeholders regularly to ensure that services continued to meet the needs of the practice population.
- The practice was also aware of the challenges it faced in regard to contracts, staffing, and the recruitment and retention of staff and had put in place measures to overcome these. For example, previous staffing issues had been addressed through the employment of long term locums.
- The practice was running its own project in association with Yorkshire & Humber Academic Health Science Network to assess the feasibility of using tele health to prevent hypoglycaemia in Type 2 Diabetics. The practice was also applying for 'Research Ready' accreditation with the Royal College of General Practitioners.

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 staffing structure and that staff were aware of their own roles and responsibilities.
- Specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice and walk-in centre was maintained and the practice had a rigorous approach to performance monitoring which included the development of internal key performance indicators.

• There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had developed a risk register which it monitored and which covered key areas of challenge including staff recruitment and retention.

Leadership and culture

We were told on the day of inspection that Local Care Direct Limited prioritised safe, high quality care. We saw evidence that there was management and oversight of the operation of the practice and walk-in centre, however there were some issues such those related to registration, child immunisation rates and customer satisfaction.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty, and had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

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

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

- The practice had gathered feedback from patients through surveys and complaints received. The practice had a "virtual" patient participation group (PPG) and therefore had a limited ability to fully engage with patients. The PPG still managed to engage with the practice population and deliver some benefits, these included the practice organising Polish interpreters for patients.

Are services well-led?

Good 

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

- At the time of inspection the practice was establishing an “operational PPG” to try to stimulate more effective engagement. The PPG met four times a year with four members, a GP and the practice manager.
- Local Care Direct Limited analysed survey feedback and told us that this was used plan service improvement. For example, low patient satisfaction survey results had led to additional staff training in customer care.
- The practice had gathered feedback from staff through meetings and annual appraisals. Staff told us on the day that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice had developed some specific approaches to improving services and outcomes, and safeguarding patients. For example they had:

- Developed a handover form for completion by locums to ensure that key information was recorded and could be picked up by others.
- Worked closely with the CCG medicines optimisation team to improve prescribing performance.
- Developed a risk register which was discussed and updated each month at management meetings.