

# Royds Healthy Living Centre

## Quality Report

Royds Healthy Living Centre  
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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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Royds Healthy Living Centre on 19 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. The GPs and Business Manager had met with patients to discuss

their concerns and improvements were made to the quality of care as a result of complaints and concerns. There were two lead GPs identified who led on all clinical complaints and provided advice and support to other clinicians in the practice in relation to complaints.

- Risks to patients were assessed and well managed and the practice was able to evidence references for all staff with copies of job descriptions. The practice had a robust electronic storage and retrieval system in place for staff records. All staff had appropriate Disclosure and Barring Service check (DBS) which had been undertaken on all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively

# Summary of findings

sought feedback from staff and patients, which it acted on. Staff told us that they would feel confident to raise any concerns with the GP partners and that there was an open and supportive culture within the practice.

- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice

- Royds Healthy Living Centre actively looked to make sure that they identify and prioritise care for any who may be vulnerable. The practice has pioneered a new template with the CCG in the last year around equitable access needs and they have already met the new standard well in advance of the CCG deadline.
- In the role as mental health commissioning lead for the CCG a Royds Healthy Living Centre GP led the team

that designed and established the award winning First Response Service. All patients on the SMI (Severe Mental Illness) register are given an annual check-up focusing on the five care processes defined nationally.

- The practice health champions group hosted a number of community focussed social groups such as the "Knit and Natter" group. The practice and the partners used these groups to deliver health education messages and improve access to health care for their patients. For example, the practice focussed on teaching people how to book and arrange appointments and what services were available.
- The practice health champions managed stalls and provision of second hand clothes. There were stalls in reception that encouraged all to participate in supporting this good cause.

**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 met with patients when necessary.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw evidence that the GPs at the practice had attended female genital mutilation (FGM) awareness training and domestic violence awareness training. Training in these matters had been delivered across the practice staff groups.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed including those relating to the recruitment process and checks. The practice was able to evidence references for all staff and copies of job descriptions. All staff had undertaken appropriate checks through the Disclosure and Barring Service (DBS). The staff we spoke with were clear about their roles and responsibilities.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff with protected learning time on Friday afternoons. The practice supported staff to develop additional skills which would enhance patient care, and also to develop into new and different roles.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff with protected learning time on Friday afternoons. The practice supported staff to develop additional skills which would enhance patient care, and also to develop into new and different roles.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team, Bradford District CCG and other practices to secure improvements to services where these were identified.
- Patients said that they found it easy to make an appointment or speak to a GP. We found that 71% of patients said that the last time they wanted to see or speak to a GP they were able to (79% CCG and 85% national average). We also found that the surgery offered a higher than expected number of appointments for patients and that they had an action plan in place to improve patients' satisfaction.
- Feedback forms for the Friends and Family Test for July 2016 showed that 90% of patients were extremely likely or likely to recommend this practice.

Good



# Summary of findings

- Patients were able to attend a daily walk in clinic, make same day appointments and book appointments in advance. These could be booked with the receptionist or online.
- 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.
- A basic clinical protocol allowed reception staff to direct patients to the Pharmacy First Scheme. This scheme enabled patients to receive prescription medications, to treat a range of common conditions, direct from the pharmacist without a GP prescription.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt very supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings and had input into the development process.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The Practice Health Champions group was active and held events and classes for patients to reduce social isolation and increase patient knowledge about the services offered. There was a dedicated patient engagement lead, who had a good knowledge and understanding of the needs of the patient group.
- There was a strong focus on continuous learning and improvement at all levels. Examples of this were the

Good



# Summary of findings

development of the Business Support Manager from Receptionist through a number of roles and also one of the practice nurses who started as a receptionist with the practice, then trained as an HCA and then as a nurse.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice supported relatively small numbers of older people and offered proactive, personalised care to meet their needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly meetings were attended by the district nursing team. The needs of older people, housebound and palliative care patients were also reviewed at quarterly multidisciplinary meetings.
- The practice worked closely with the community pharmacist who visited older people at home to conduct medication reviews and check compliance.
- The practice offered same day access for over 80s including home visits.
- The group of practices was identified as the pilot practice as part of the oral nutritional support project funded by Bradford CCG's. Following an audit of patients prescribed oral nutritional supplements (ONS), some patients were identified as needing a review. In care homes 31 patients were reviewed jointly with the project dietician and community matrons from the practice. Out of the 31 patients, 18 patients had their prescribed ONS stopped, four remained the same, nine patients prescription for ONS changed. This resulted in an annual saving of £13,388, £432 saving per patient.
- In addition to an annual review all patients over 75 are guaranteed care the same day either by an appointment or by a phone call from the clinical team.
- The practice has been involved in an "End of Life" project locally with the CCG looking at implementing gold standard care for these patients.
- The practice runs a Dementia Clinic and is Dementia friendly, working closely with Carer organisations to provide support to both patients and their carers.

Good



### People with long term conditions

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

Good





# Summary of findings

- Nursing staff had lead roles in chronic disease management for example diabetes and patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with diabetes were comparable to national averages. For example, 99% of patients on the diabetes register had an influenza immunisation in the preceding 12 months, national average 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice emphasises prevention, for example a spirometry pilot in chronic smokers was undertaken which identified and reduced the number of smokers.
- The practice has a large team of Practice Nurses with a range of LTC qualifications and experience who can provide support and care to this patient group.
- The practice has recently been involved in a local incentive scheme “Bradford Breathing Better” targeting the severe asthmatic patients, and also run their own spirometry pilot in chronic smokers to try and prevent the onset of COPD.
- The practice is a Training Centre for Practitioner with a Special Interest (PWSI) courses delivering diplomas in cardiology, diabetes, women’s health and MSK (Musculoskeletal disorders) in association with the University of Bradford.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. For example, when children did not attend for GP or hospital appointments, the practice would ensure that reports were run to check for any patterns occurring or any safeguarding concerns.
- Immunisation rates were consistently high for all standard childhood immunisations. For example MMR (measles, mumps and rubella) practice was 98% and CCG and national average was 95%.

Good



# Summary of findings

- The number of women that had attended for cervical screening in the preceding five years was 76% compared to the CCG average of 81% and national average of 82%.
- The practice held baby clinics supported by GPs and health visitors and had systems in place to ensure that all babies attended their appointments in line with the immunisation programme.
- Children were accommodated where possible in evening surgeries to reduce non-attendance at school.
- Children with severe and long term disabilities were prioritised for appointments regardless of their age.
- Health Education England made a film at the practice about 'Spotting the signs of child sexual exploitation' which has received over 11,500 views on You Tube. (Link - [https://www.youtube.com/watch?v=sC4Nn\\_mYKu0](https://www.youtube.com/watch?v=sC4Nn_mYKu0))
- The practice ensure all patients aged under one are guaranteed a same day appointment.
- 54 children are currently subject to Child Protection Plan at the practice.
- All children under 10 years are accommodated in the Same Day Assessment Clinic.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered an extended hours service on a Tuesday morning from 7am when patients could be seen by a GP or an advanced nurse practitioner.
- The practice offered telephone consultations to patients who were unable to attend the surgery in person due to work commitments.

Good



## **People whose circumstances may make them vulnerable**

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

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered an extended hours service on a Tuesday until 8pm when patients could be seen by a GP or an advanced nurse practitioner.
- The practice offered telephone consultations to patients who were unable to attend the surgery in person due to work commitments.

## People experiencing poor mental health (including people with dementia)

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

- Data showed that 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below than the national average.
- The percentage of patients with schizophrenia, bipolar disorder and other psychoses whose alcohol consumption was recorded in the previous 12 months was 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice was opportunistically screening patients for dementia.
- The practice was participating in a CCG led initiative to offer physical health checks to patients with serious mental illness. A range of services including smoking cessation, ECGs and weight management advice was available to these and other patients.
- The practice carried out advance care planning for patients with dementia. These would be discussed with family and carers where appropriate.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and staff had undertaken dementia awareness training.

Good



# Summary of findings

- A practice GP was involved in designing and establishing the award winning First Response service. All patients on the SMI (Severe Mental Illness) register are given an annual check-up focusing on the five care processes defined nationally.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practices' ratings were slightly below that of local and national averages. A total of 351 survey forms were distributed and 103 (29%) were returned. This represented less than half a percent of the practice's patient list.

- 20% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 71% 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 79% and the national average of 85%.
- 41% of patients described the overall experience of this GP practice as good compared to the CCG average of 63% and the national average of 73%.

- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 73% 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. We received 21 comment cards which were positive about the standard of care received and noted that the GPs and staff were caring and considerate.

We spoke with four patients during the inspection. All four patients said they were treated with dignity, compassion and respect. They said it was easy to get through to the surgery by telephone and that the appointment system had improved.

Results from a recent Friends and Family test showed that 90% (60 respondents) of patients would recommend the practice to their friends and family.

## Outstanding practice

- The practice actively looked to make sure that they identify and prioritise care for any who may be vulnerable. The practice has pioneered a new template with the CCG in the last year around equitable access needs and they have already met the new standard well in advance of the CCG deadline.
- A GP at the practice was involved in designing and establishing the award winning First Response service. All patients on the SMI (Severe Mental Illness) register are given an annual check-up focusing on the five care processes defined nationally.
- The practice health champions hosted a number of community focussed social groups such as the "Knit and Natter" group. The practice and the partners used these groups to deliver health education messages and improve access to health care for their patients. For example, the practice focussed on teaching people how to book and arrange appointments and what services were available.
- The practice health champions managed provision of second hand clothes. There were stalls in reception that encouraged all to participate in supporting this good cause.

# Royds Healthy Living 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 GP specialist adviser and another CQC inspector.

## Background to Royds Healthy Living Centre

The Royds Healthy Living Centre provides services for approximately 24,500 patients. The surgery is situated within the Bradford District Clinical Commissioning group and is registered with the Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The Royds Healthy Living Centre is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services. They offer a range of enhanced services such as childhood immunisations, facilitating timely diagnosis and support for people with dementia and enhanced services for those with a learning disability.

The Royds Healthy Living Centre is located at :-

Royds Healthy Living Centre

20 Ridings Way

Off the Crescent

Bradford

BD6 3UD

The other three locations that we also inspected on the day have clinical staff and two receptionists who are on rota at that site on any particular day. Patients can be seen at any of the practice sites.

These locations are:

Ridge Medical Centre

Cousen Road

Great Horton

Bradford

BD7 3JX

93 Smith Avenue

Wibsey

Bradford

BD6 1HA

Westbourne Green Community Health Centre

50 Heaton Road

Manningham

Bradford

BD8 8RA

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford District area. There are fewer patients aged over 40 than the national average. The National General Practice Profile states that 59% of the practice population is from an Asian background with a further 7% of the population originating from black, mixed or non-white ethnic groups.

The practice is a partnership of 20 GPs who work full time (11 partners and nine salaried). The practice is staffed by advanced nurse practitioners, practice nurses, Mental

# Detailed findings

Health Nurses, Epilepsy Nurses and health care assistants (HCA's). The clinical team are supported by a business manager and a team of 100 administrative staff. The practice also has patient 'Practice Health Champions'.

The practice catchment area is classed as being within one of the 10% most deprived areas in England. People living in more deprived areas tend to have a greater need for health services.

Normal Operating Times 8am to 6:30pm Monday to Friday.

Consulting times for booked appointments: 8:30am to 11:30am and 3:30pm to 6pm.

Extended Hours - Tuesday: 7am to 8am,

Same Day Assessment Clinic - Monday to Friday: 8:30am to 12:30pm and 2pm to 6pm

Great Horton surgery is closed on Saturdays and Sundays.

Great Horton surgery is closed every Friday lunchtime between 12pm and 2pm and on the fourth Friday of every month from 12pm for the whole afternoon for staff training and GP Education.

If patients require urgent advice or a home visit out of hours, a central number will transfer them directly to the Out of Hours service.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked Bradford District Clinical commissioning Group and National Health Service England to share what they knew. We carried out an announced visit on 19 July 2016. During our visit we:

- Spoke with a range of staff including the GP partners, two practice nurses, the advanced nurse practitioner, a HCA, the business support manager, reception supervisor, administration staff and the business manager.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed staff employment and training records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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).

# Detailed findings

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



# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's 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 providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and a detailed written apology. We were provided with evidence that proved that when errors in care had been identified, even though the patient was unaware of any problem that patients were informed and the incidents were recorded and investigated. In all cases of complaint the complainant was offered the opportunity to meet with the partners to address their concerns and discuss changes that the practice had made to ensure that the same issue did not happen again. Suggestions from patients about how to improve were listened to and acted upon.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was a significant event where a patient had brought used needles into reception, which were not in a box. A staff member put the needles into the utility room. A HCA found them without any note. A review took place to identify a process to deal with such a situation in the future. Lessons learnt were discussed at team meetings.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and nurse identified as safeguarding leads. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs and nurses were trained to child protection or child safeguarding level three and all other staff were trained to level one. We saw evidence that senior staff had a good understanding of the issues relating to female genital mutilation (FGM) and domestic violence.
- Notices in the waiting room and in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be uncluttered, well decorated, clean and tidy. One of practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence of regular IPC audits; the practice nurse had recently taken on the lead role and was continuing to educate staff.
- 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner and Lead Practice Nurse had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from

## Are services safe?

the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber and had a good understanding of these. We saw evidence that the competencies of health care assistants and an apprentice were assessed and documented.

- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment in all cases. The practice was able to evidence references for all staff or copies of job descriptions. All staff had undertaken appropriate checks through the Disclosure and Barring Service and the staff we spoke with were clear about their roles and responsibilities.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and staff had the capacity to cover for annual leave and sickness.

### 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 and an emergency call button 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

All incoming alerts to the practices are sent on to a lead partner who assesses the impact of the notification and who needs to be aware of the information and directions. They will then forward the information on to the relevant staff, normally by email but this is subject to an assessment of the importance and seriousness of the notification which may lead to an alternative method of notification including at clinicians education, via staff meetings as appropriate. Once this is done the alert, along with the action taken, is stored by the Business Support Team on the intranet for future reference.

### 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 96% of the total number of points available with 6% exception reporting. 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. Overall exception reporting in the practice was lower than the CCG and national average. The practice monitored their QOF performance on a regular basis throughout the year and there was an active call and recall system in place. There was an efficient scanning and coding process for letters and results embedded in the practice.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was lower than CCG and national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination was 68%, compared to the CCG average of 79% and the national average of 83%.
- Performance for mental health related indicators was similar and in some cases better when compared to CCG and national averages. For example, the percentage of patients with a diagnosed mental health issue who had a comprehensive agreed care plan was 91% which was better than the CCG average of 89% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, including pharmacy audits. Two of these were completed audits where the improvements made were implemented and monitored. For example, an audit of diabetes patients and statin usage.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services and the practice liaised with other practices in the CCG and with a practice situated in the same building.

Information about patients' outcomes was used to make improvements. For example, a significant event relating to the prescribing of unopposed oestrogen, which led to an audit of all those on oestrogen prescriptions. This led to a change in HRT (Hormone replacement therapy) prescribing policy.

In order to further aid the reduction of antibiotic prescribing the practice incorporated the Treating Your Infection leaflet, which was part of Public Health England and RCGPs (Royal College of General Practitioners) Antibiotics toolkit, into workflow processes within the Ridge clinical software in order to improve its use. A subsequent review has shown that it is being used regularly and effectively.

### Effective staffing

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

# Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with a newly recruited GP who told us that the induction plan was well paced and offered excellent support to employees. All new recruits were appraised at four, eight and twelve weeks.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The health care assistant was able to describe how she had attended advanced training in areas such as diabetes and spirometry and was supported by the nurse to gain competencies.
- There was a comprehensive mandatory training programme in place for all staff and attendance was monitored on a regular basis and non-attendance followed up.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and attending CCG led training events and 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 on-going 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.
- More recently they have taken more of a “mentorship” approach as much as “management” so that staff are supported and developed on an on-going basis rather than simply by an annual appraisal. This ensures that staff are empowered and supported to deliver their objectives which in all cases are closely aligned to the practice’s (and the NHS) strategic objectives.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, information

governance and customer care. Staff had access to and made use of e-learning training modules and in-house training. Additional training was also encouraged and we saw evidence that staff had completed learning disabilities and dementia awareness 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

An integrated care meeting at the main site 'The Ridge Medical Practice' was held on a regular basis. Staff told us that it is essential in providing a holistic, multi-disciplinary approach to care for individuals with complex needs. Since attending the quarterly meetings the practice has had a forum to discuss the issues faced by the most vulnerable people. By pooling experience, knowledge and resources, the practice has been able to ensure that all options were considered in order to best patient needs. The Social/ Worker best Interest Assessor from the local authority praised the work the practice had done. We saw a copy of an email sent to the practice that confirmed this.

## 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.

# Are services effective?

(for example, treatment is effective)

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

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term conditions and those requiring advice on smoking and alcohol cessation.
- A dietician was available one session per fortnight and the health care assistant ran a weight management clinic where patients would be offered 30 minute appointments. Patients were encouraged to complete food diaries and culturally appropriate meal plans and care plans were developed with the patient. Participants could also be referred to local exercise programmes.

The practice's uptake for the cervical screening programme was 77%, which was lower than the CCG average of 84% and the national average of 84%. There was a policy to

offer telephone reminders for patients who did not attend for their cervical screening test and this was also offered opportunistically by the advanced nurse practitioner and GPs. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were consistently high to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% and five year olds from 97% to 98%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. There was evidence provided by a number of staff that they were constantly checking and monitoring patients and looking for trends in behaviour and that they would follow up patients who may give cause for concern.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice also offered a room where mothers could feed their baby in private.

The practice had several groups of patients who supported the service and patients. This includes the practice health champions group, health champions and the "Knit and Natter" group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The practice was keen to reach the local community and reduce social isolation. Social opportunities were used to assist the GPs to deliver health promotion information and information to patients about services.

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

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 92%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 85% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern which was the same as the CCG average and below the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice continued to liaise with patients through feedback and a patient survey to increase patient satisfaction. The practice was also informing patients of the high numbers of people who did not attend for their consultation, despite being reminded by reception staff of their appointment by telephone call or text message. It was hoped this would encourage patients to cancel appointments that were no longer needed.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with 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. We also saw that care plans were personalised and the patients we asked told us that they had self-management plans.

Results from the national GP patient survey showed patients responded positively most of the time to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local averages but below national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the CCG average and above the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 759 patients as carers which was 2.8% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them via a sympathy card, and would offer a visit to the family. Where appropriate, in recognition of religious and cultural observances, the GP would respond quickly, often outside of normal working hours, in order to provide the necessary death certification to enable prompt burial in line with families' wishes.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Bradford District Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, through participating in initiatives such as Bradford Beating Diabetes and offering proactive physical health checks to those with serious mental illness.

- The practice offered an extended hours clinic on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours. Patients could be seen by a GP or the advanced nurse practitioner.
- There were longer appointments available for patients with a learning disability. These patients would be offered additional appointments to familiarise themselves with procedures if necessary.
- 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 children and those patients with medical problems that require same day consultation. The practice operated a walk in clinic each morning. At busy times, for example on a Monday morning, GPs and the advanced nurse practitioners supported these clinics.
- A basic clinical protocol allowed reception staff to direct patients to the Pharmacy First Scheme. This scheme enabled patients to receive prescription medications, to treat a range of common conditions, direct from the pharmacist without a GP prescription.
- Patients were able to receive travel vaccinations available on the NHS. They were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice ran a number of health promotional clinics including stop smoking, weight loss and education session linked to LTCs. In addition to this they have an active group of Practice Champions who run a wide range of groups including healthy eating, walking, pain management, share and shred and chairbics. The

champions were also present in reception areas regularly providing advice support and signposting to a wide range of local groups and third sector organisations.

### Access to the service

The practice reception was open from 7am on Tuesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, on the day appointments could be booked and the practice operated a daily walk in clinic and telephone triage.

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.

- 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- Only 20% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.
- Only 12% of patients stated that the last time they wanted to see or speak to a nurse or a GP from their surgery they were able to get an appointment. The CCG average is 45% and the national average is 59%.

The practice has changed the access system they operate to try and meet the needs of patients. They have moved from open access surgeries to booked surgeries, were pioneers in the running of "rapid access clinics" (for which they won awards). This has now morphed into the current "same day assessment clinic" which delivers effective care for patients needing support for minor self-limiting illness. There is a broad range of appointment types to provide as much care as possible, including telephone appointments, follow up appointments for GPs to use, face to face appointments and an effective system for dealing with clinical queries using tasks in the clinical IT system.

The practice also had an action plan for 2016/17 via the Bradford District CCG in place to improve access and therefore patient's satisfaction and were liaising with the practice health champions to achieve this. People 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.



# Are services responsive to people's needs?

(for example, to feedback?)

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

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice and two partners were identified as leads for clinical complaints.
- Patients told us that they would know how to make a complaint if they needed to. We saw that information was available to help patients understand the complaints system.

We looked at written complaints received in the last 12 months and found that these were handled in an open and honest manner by the practice. All the complaints we saw had been resolved in a satisfactory and timely manner. In several cases, the practice had undertaken one to one meeting with the person who had made the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. Each complaint had a summary sheet attached which provided an overview of progress.

Complaints were dealt with by a GP led team with learning from events also happening via the structured education process to ensure that where possible the practice improves the level of service they give to patients. This was supported by a very involved and knowledgeable group of practice champions working alongside the practice team.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice has a staff consultation group which meets to ensure grass roots staff members have an input to the practice direction and better understands what the practice is trying to achieve.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. All the staff members we talked with spoke highly of the partners and were appreciate of the open and supportive culture within the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice and develop their own skills and competencies.
- We saw evidence of continued support for engagement with other practices, the CCG and protected learning time.

### 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 the practice health champions and through surveys and complaints received. The practice health champions met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had increased the number of pre-bookable appointments as a consequence of feedback from patients. Also the Practice

# Are services well-led?

Good 

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

Health Champions staffed the reception areas at busy times in order to make the appointment with the GP more effective by asking the patients to summarise what they want to speak to the GPs about before they go into the consultation rooms. The Practice Health Champions also offered the following services:-

- The Wibsey Walkers
- Epilepsy Support Group
- Chairobics
- Healthy Eating Group
- Activities Afternoon (A fun, social afternoon of games and other activities)
- Share or Shred
- Learn about the many benefits of Therapeutic Writing
- The Ridge Walkers

The practice had gathered feedback from staff through social gatherings, staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

The practice was a training practice and has taken up to GP Trainees, medical students and pre and post graduate nurses and apprentices.

## Awards

- Investors in people.
- RCGP Quality Practice Award
- BMJ Clinical Leadership Team of the Year 2016
- GP awards 2015: General Practice Team of the Year
- Clinical Team of the Year – Cardiovascular
- Clinical Excellence Award Undergraduate Education Leeds University

The practice continued to engage with its population and the wider community to use social groups to deliver health education and advice to patients.

The practice continued to engage with, and support groups and opportunities for patients. The practice were continuing to use these groups to gather feedback and review the needs of the patients.