

Parkside Medical Practice, Horton Park 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	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 Parkside Medical Practice on 1 March 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, but the outcomes from these were not always documented and shared.
- Risks to patients were assessed and well managed.
- GP Patient survey results showed that patients did not always feel that they were treated with compassion, dignity and respect and involved in their care and decisions about their treatment and it was difficult to make an appointment with a named GP. The practice was aware of this and had taken steps to improve patient outcomes.

- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon. The practice was in the process of making significant changes to meet patient's needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve outcomes.

The practice should ensure that outcomes from significant events are documented and shared with the staff team.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. This was discussed at practice meetings. We saw evidence that these were resolved or ongoing but did not see what the outcome was. Staff discussed that they had the opportunity to learn from these.
- Outcomes from complaints were shared to make sure action was taken to improve safety in the practice and we saw evidence that patients received reasonable support, truthful information, a verbal and written apology. In some cases 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. All GPs were trained to Safeguarding level three and additional training had been attended on female genital mutilation and forced marriages.
- Risks to patients were assessed and well managed. Equipment was maintained and health and safety legislation adhered to.
- There was an infection prevention and control (IPC) protocol in place and some staff had received up to date training. There was an action plan in place to ensure that all other staff were trained before the end of the month. An annual infection prevention and control audit had been undertaken in November 2015 and we saw evidence that action was taken to address any improvements identified as a result, for example, cleaning audit sheets were developed for use in all rooms.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Where some scores were lower in 2014/2015 for example, the identified prevalence of chronic obstructive pulmonary disease, the practice were actively screening for this. They reported that figures had increased in line with national averages and we saw evidence of this.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement, for example we were shown evidence that the number of people correctly prescribed anticoagulants following audit had increased by 26%.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff discussed with us protected learning time and agreed training plans.
- There was evidence of appraisals and personal development plans for some staff. We saw a plan to ensure that all additional staff had a completed appraisal by the end of the month.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Additional clinical and administrative staff had recently been recruited to ensure that the practice could meet patient needs in the future.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care. However feedback we received on the day did not align with the GP survey. The practice was aware of the need for this to improve and we were told that recent staff recruitment and changes to governance arrangements should help the practice to improve.
- The practice staff had recently undergone Customer Care training. This was as a result of concerns raised by the patient participation group, (PPG).
- Patients told us on the day they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed evidence of this.
- Information for patients about the services available was easy to understand and accessible. Interpreting services were arranged as necessary and the staff were able to talk with patients in several different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We were told of occasions when patients had attended the surgery but had required hospital care and they were given money for taxi fares.
- The practice undertook joint home visits with members of the multi-disciplinary team when patients were at the end of their lives. We were told patient wishes were noted and respected.

Good



Summary of findings

- The GPs responded as quickly as possible to the need to provide death certificates so that individuals can be buried in line with the religious beliefs of their patients if necessary.

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 and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We saw that the practice liaised closely with the CCG and attended learning events.
- Patients said they did not find it easy to make an appointment with a named GP; however the practice had recently recruited an advanced nurse practitioner and a practice nurse to free up appointments and reduce locum cover. It was felt this would ensure continuity of patient care. The practice had been unable to recruit a salaried GP.
- Urgent appointments were 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.
- Medication for patients travelling abroad was available for a maximum of 2 months at the discretion of the GP. Repeat medication was then removed from the patient record and patients asked to attend surgery on their return for a health review.
- The practice participated in CCG initiatives such as Bradford breathing better and Bradford beating diabetes to identify patients with long term health issues. The practice was also participating in the Queens London "Hep free study" and was an initiative actively screening for patients at risk of hepatitis C.
- The practice had recently introduced staff name badges to promote a more professional appearance and to help patients identify staff members more easily. It was felt that this would be helpful when dealing with patient complaints.

Good



Are services well-led?

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

Good



Summary of findings

- 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 this. There was a positive, forward thinking attitude within the staff team.
- There was a clear leadership structure and staff felt supported and positive about the recent changes to the team. The practice had a number of policies and procedures to govern activity and held regular governance meetings. We were shown a clear implemented plan to improve meeting structures and their effectiveness.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff through e mails and in meetings to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. For example, staff had undergone Customer Care training as a result of concerns raised by the PPG.
- The management had applied for several funding streams to improve the practice and had also allocated funds and made recent clinical appointments to help to improve patient satisfaction scores.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. It worked closely with the community matron to avoid unplanned admissions and complete care plans.
- The practice was responsive to the needs of older people, and offered home visits, same day face to face appointments or telephone consultations.
- The practice referred to social organisations when older people were identified as being lonely.
- The practice had recently purchased an electrocardiogram (ECG) machine to increase access to local services for older people and reduce hospital visits.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had recently appointed an additional advanced nurse practitioner to increase clinics and access for patients.
- Diabetes related indicators were comparable to other practices for example, 98% of diabetic patients had a flu vaccination compared with the national average of 94% and 68% of patients had a blood pressure reading which was within normal limits, compared to the national average of 78%.
- 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 and provide written care plans where appropriate.
- The practice actively participated in the CCG initiatives Bradford breathing better and Bradford beating diabetes. Identification of patients with diabetes had risen from 9% of the practice population to 12% under the scheme.

Good



Summary of findings

- The practice had developed several clear protocols for the management of several long term conditions. These protocols detailed when and how referrals should be made and identified those at considered to be at risk.

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. Immunisation rates were relatively high for all standard childhood immunisations. The practice would follow-up children who had did not attend for vaccinations.
- The practice had identified that 6% of the patient population was diagnosed with asthma, 91% of these patients had attended for a review in the past 12 months compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- In the last five years 82% of eligible women had attended for cervical screening which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice held quarterly meetings with the health visiting team to discuss safeguarding concerns or children with complex health needs.

Good



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 surgery was open until 8pm on a Thursday and offered telephone consultations for those who could not attend the surgery.
- The practice was proactive in offering online services, including the booking of appointments, as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice offered text reminders for appointments.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living circumstances which may make them vulnerable including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. We were told of an example where a patient with a learning disability attended the surgery several times to familiarise themselves with staff and equipment. Following this the patient agreed to have necessary bloods taken.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Recent training had included how to identify those at risk of forced marriages and female genital mutilation.
- The practice had a mobile telephone number so that patients who were deaf or hard of hearing could communicate with the surgery by text message.

Good



People experiencing poor mental health (including people with dementia)

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

- 71% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%
- Patients at risk of developing dementia were identified and opportunistic screening undertaken using a recognised assessment tool. A protocol had been developed to support this.
- The percentage of patients with a mental health issue who had an agreed care plan within the last 12 months was 78% compared with the national average of 88%. However, 99% of patients with a physical or mental health issue had their smoking status recorded which is above the national average of 94%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It was participating in a CCG initiative to offer proactive additional physical health checks for patients with serious mental illness
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. There was information in the reception area to support this.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was not performing as well as other practices when compared with national averages. There were 398 survey forms distributed and 74 were returned. This represented a response rate of 19%, which is 2% of the practice's patient list.

- 45% found it easy to get through to this surgery by phone compared to a national average of 73%.
- Only 51% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- Only 61% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- Only 51% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

- However, February figures for the Friends and Family Test show that 78% of Patients would recommend the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, of which 41 were positive about the standard of care received. Two cards described that it was difficult to get through to the surgery by phone or get an appointment and this was repeated by three further cards that also contained positive comments.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve outcomes.

The practice should ensure that outcomes from significant events are documented and shared with the staff team.

Parkside Medical Practice, Horton Park 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 a second CQC inspector.

Background to Parkside Medical Practice, Horton Park Centre

Parkside Medical Practice provides services for 3450 patients. The surgery is situated within the Bradford City Clinical Commissioning group (CCG), and is registered with CQC to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Parkside Medical Practice is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures and family planning. The practice is a registered yellow fever centre.

The practice offers a range of enhanced services such as childhood immunisations and extended opening hours to facilitate access to appointments. There are similar numbers of male and female patients.

The practice figures show that 56% of the practice population are from an Asian background, with a further

12% of the population belonging to other ethnic minority groups. The practice supports a higher than average number of patients under the age of 34 which is in common with the characteristics of the Bradford City area. The practice catchment area is classed as being within one of the most deprived areas in England. Male life expectancy is 76 years compared with a CCG average of 73 and a national average of 79. Female life expectancy is 81 years CCG average 79, national average 83.

There are three GP partners, two of whom are female and one is male. In addition there are also 4 part time Locum GPs two are female and two are male. The practice does not currently have a substantive practice nurse but employs a part time locum nurse who was not available on the day of our visit. There is a full time assistant practitioner and a health care assistant (HCA) who works one morning per week. The newly recruited practice manager is currently working ten hours per week until May 2016 when they will take up a full time position. The practice also engages the services of a pharmacist for one day per week who works alongside the GPs. We were told of ongoing plans to recruit a pharmacist prescriber who would also be able to see patients.

The clinical team is supported by an assistant practice manager and a team of administrative staff. The staff team is reflective of the population it serves and are able to converse in several languages including those widely used by the patients, Urdu, Punjabi, Gujarati, Pushto and English.

Parkside Medical Practice is situated within a purpose built building with ground floor access. There are disabled facilities within the building and good parking.

Detailed findings

The practice is open for reception and appointments between 8am to 6.30pm on a Monday, Tuesday, Wednesday and Friday. On a Thursday the practice opens at 8am and offers an extended hour's clinic until 8pm.

The surgery is closed on a Saturday and Sunday.

When the practice is closed patients are advised to call 111.

The practice was inspected in October 2013 and was found to meet the required standards.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England and Bradford City CCG to share what they knew. We carried out an announced visit on 1 March 2016.

During our visit we:

- Spoke with a range of staff including GPs, the newly appointed practice manager and the assistant practice

manager. Administration staff and the advanced practitioner. We also spoke with two patients who used the service and one member of the PPG. There was not a nurse available to speak to us on the day of inspection.

- Observed how staff interacted with patients .
- We reviewed templates of care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and we saw evidence that these were standing agenda items at practice meetings and discussed as necessary.
- The practice carried out an analysis of the significant events and a log was kept of these. We saw that significant events were noted to be resolved or ongoing but did not see an outcome of these.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Staff told us that lessons were shared to make sure action was taken to improve safety in the practice but outcomes were not always documented.

When there were unintended or unexpected safety incidents or complaints, we saw evidence that patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three and had attended additional training on female genital mutilation and forced marriages.
- A notice in the waiting room and in the clinical areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The assistant practitioner (AP) was the identified infection control clinical lead but discussed how this would be passed over to the new practice nurse once they had commenced in post. The AP had attended local training events and kept up to date with best practice. There was an infection control protocol in place and some staff had received up to date training. There was an action plan in place to ensure that all other staff were trained before the end of the month. An annual infection control audit had been undertaken in November 2015 and we saw evidence that action was taken to address any improvements identified as a result for example cleaning audit sheets were placed and in use in all rooms and a new appropriate waste bin had been purchased.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We observed that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the

Are services safe?

appropriate professional body. Two staff in administration roles had not undertaken checks through the Disclosure and Barring checks prior to employment but these had recently been completed.

- 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.

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 areas which identified local health and safety representatives. The practice also displayed details of which staff were fire wardens and first aiders. 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 term for 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. The practice had recently appointed a new practice manager and had recruited an

advanced nurse practitioner and a practice nurse to free up GP appointments, lead on long term conditions and improve patient satisfaction scores, enabling patients to see their preferred clinician.

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. Emergency buttons were also fitted in most clinic rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have their own defibrillator, but one was available within the health centre building in easy reach of the practice with a risk assessment in place. Oxygen was stored in the practice 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 fit for use. The advanced practitioner had developed emergency cards for staff to use during emergencies which detailed what actions they should take.
- 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. Reciprocal arrangements were in place with other practices and when required recently had worked well.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Practitioners at the practice attended learning opportunities where these were discussed and also received e mails.

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 79% of the total number of points available, with 6% exception reporting which is lower than the CCG average of 8%. (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). This practice was an outlier for QOF targets in relation to patient satisfaction, the reported prevalence of Chronic obstructive pulmonary disease (COPD) and the management of hypertension. Data from 2014/ 2015 showed;

- Performance for some diabetes related indicators were worse than the national average for example the management of blood pressure and for others, were similar to the national average. For example the number of patients with a record of a foot examination was 88% the same as the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 69%, (CCG Average 79%, and below the national average of 80%.
- Overall performance for mental health related indicators was comparable to CCG and national averages. For

example, the number of people with mental health issues whose alcohol consumption had been recorded in the preceding 12 months was 89% which is comparable to the national average of 90%.

The reported prevalence of COPD in the practice was 0.27% compared with the national average of 0.71% of the practice population. The practice also declared higher rates of exception reporting in relation to COPD at 18% compared to the CCG and national average of 12%. The practice was aware of these figures and we saw evidence that they were actively screening patients at risk. The practice told us that in March 2016 they had increased their prevalence to 0.9%.

Clinical audits demonstrated quality improvement.

- There had been numerous clinical audits completed in the last two years, our GP specialist saw two 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. They were part of a collaboration of GPs and would meet to discuss complex cases and share ideas.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a 26% increase in the number of patients taking the correct anticoagulants following audit.

Information about patients' outcomes was used to make improvements such as the number of diabetic patients identified by the practice had risen from 9% to 12% whilst participating in the CCG initiative. These patients could also be referred to the on-site dietician.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an

Are services effective?

(for example, treatment is effective)

assessment of competence. The practice team were developing a role specific induction for the new practice nurse to ensure that her role could meet patient needs. The assistant practitioner we spoke to could demonstrate how they stayed up to date with changes to programmes, for example by access to on line resources and discussion at practice and CCG meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The new practice manager had ensured that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We also observed there was also a clear plan in place which meant that all staff would have an appraisal completed by the end of March 2016.
- Most staff received training that included, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. For those staff who had not received training we saw an implemented plan that this would be completed by March 2016.
- All staff had received safeguarding training at a level appropriate to their role.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also readily available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with the CCG and other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that some clinicians had attended mental capacity act training.
- 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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition such as diabetes and those requiring advice on their diet, smoking and alcohol cessation. The practice offered physical health checks to people with a serious mental illness and were actively screening for COPD and dementia, with protocols in place to support this. Patients were then signposted to the relevant services.
- A dietician was available on the premises one day per fortnight. The practice could offer phlebotomy (blood taking), spirometry (a test used to diagnose different lung diseases) and were introducing ECG assessments and ear irrigation within the coming weeks.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to contact patients who did not attend for their cervical screening test. The practice would explain the benefits of screening and were able to convey this in several languages and by using information in different languages. For all patients they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Childhood immunisation rates for the vaccinations given were slightly lower when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 93% and five year olds from 83% to 98%.

Flu vaccination rates for those with diabetes was 98%. This was slightly higher than the national average of 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. The practice had stopped using one room for consultations following concerns raised by the PPG that conversations could be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A private room was available for mothers visiting clinics who wanted to breastfeed.
- The GPs would complete death certificates in a timely manner to ensure that if necessary individuals could be buried in line with religious practices applicable to the practice population.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring service and staff listened and were helpful and treated them with dignity and respect.

We spoke with one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They discussed how they were trying to recruit new members and that practice staff attended meetings. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that overall, patients did not feel they were always treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 65% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 64% said the GP gave them enough time (CCG average 77%, national average 87%).
- 76% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 57% said the last GP they spoke to was good at treating them with care and concern (CCG average 75%, national average 85%).
- 64% said the last nurse they spoke to was good at treating them with care and concern (CCG average 78%, national average 90%).
- 64% said they found the receptionists at the practice helpful (CCG average 75%, national average 87%).
- 24% of patients said that the last GP they saw was poor at listening to them (CCG average 7% and national average 4%).
- 15% of patients said the last nurse they saw was poor at listening to them (CCG average 7% and national average 2%).

The practice were aware of these results and we were shown a patient survey that was due to be undertaken in the month we inspected. The practice had also recently recruited a new practice manager, an advanced nurse practitioner and a practice nurse. It was felt that this combination of expertise would free up some GP consultations, enhance continuity of care for patients and reduce the need for locum cover.

Care planning and involvement in decisions about care and treatment

Patients 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

Are services caring?

- 62% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and national average of 86%.
- Only 52% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 70% and national average 81%)
- Only 58% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%)

Clear plans to improve the service were underway and these included an improved telephone system for which funds had been allocated. An application had also been made for a grant for a booking in screen, it was felt this would improve patient confidentiality and free up reception staff to answer phones at busy times. The practice also told us of plans for a waiting room announcement screen, they discussed how this would reduce the need for GPs to walk to the waiting area and call patients which would increase clinical contact time.

New clinical nursing appointments and the appointment of an experienced practice manager were also positive. These appointments had been made to help the practice focus on improving patient outcomes and satisfaction.

Staff told us that interpreting services were available for patients who did not have English as a first language and longer appointments would be allocated to patients requiring this support. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified carers using an icon on the computer system and offered flu immunisations, annual health checks and urgent appointments to this group. 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 would contact them. This call would be followed by a patient consultation at a flexible time. GPs would respond as quickly as possible to the need to provide death certificates so that individuals can be buried in line with the religious practices of the practice population if necessary.

We were told of occasions when patients had attended the surgery but had required hospital care and they were given money for taxi fares.

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 for example participating in CCG initiatives and attending training sessions.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who required an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was planning to install a patient arrival and booking in screen to increase confidentiality, an announcement board and an improved telephone system.
- The practice had recently recruited into additional nursing hours to improve patient access and satisfaction.
- We were told of an example where a patient with a learning disability attended the surgery several times to familiarise themselves with staff and equipment. Following this they agreed to have necessary bloods taken.
- The practice had recently introduced staff name badges to promote a more professional appearance and to help patients identify staff members more easily. It was felt that this would be helpful when dealing with patient complaints.

Access to the service

The practice reception was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am and 11am Monday to Friday and between 4pm and 6pm

Monday, Tuesday, Wednesday and Friday. Extended surgery hours were offered on a Thursday when the practice was open in the afternoon between 4pm and 6pm and again between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 78%.
- Only 45% patients said they could get through easily to the surgery by phone (CCG average 55%, national average 73%).
- Only 22% patients said they always or almost always see or speak to the GP they prefer (CCG average 45%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

In a recent Friends and Family test 78% of patients said that they would recommend the practice to their friends and family. This survey asks patients whether they would recommend the GP practice they have been treated in to friends and family if they needed similar care and treatment. The practice told us they would undertake a patient survey in the month we visited and we were shown an example of this.

Medication for patients travelling abroad was available for a maximum of 2 months at the discretion of the GP. Repeat medication was then removed from the patient record and patients asked to attend surgery on their return for a health review.

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.

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

- We saw that information was available to help patients understand the complaints system; posters that told people how to complain were visible in the practice.

We looked at three complaints received in the last 12 months. The new practice manager and assistant manager had recently reviewed these complaints. They found that one complaint had previously not been followed up and

had contacted the complainant to discuss their issue with them. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example a protocol for booking interpreters was amended following a complaint and staff members made aware. We saw evidence that this had also been added to the practice meeting agenda for further discussion.

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, this had been developed after discussion with patients.

- The practice had clear values and we observed that staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The team had applied for several funding streams to improve the practice and had also allocated funds and made recent clinical appointments to help to improve patient satisfaction scores.

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 and protocols were implemented and were available to all staff, we saw evidence that staff had signed the policies and protocols to say they had read and understood them.
- A comprehensive understanding of the performance of the practice was maintained, we were told of areas for improvement such as bowel screening where staff were actively contacting patients
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements this included audits conducted by doctors and pharmacists.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They were positive in their approach and prioritised safe, high quality and compassionate care. The partners

were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. We were told of a supportive atmosphere.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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. The new practice manager had implemented a clear structure and protocol for meetings moving forward so that all staff could add items to the agenda for discussion.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, they felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the new staff that had been recruited. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met up to four times per year, carried out patient surveys and submitted proposals for

Are services well-led?

Good 

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

improvements to the practice management team. For example staff had undergone Customer care training as a result of concerns raised by the PPG and had moved the consulting room of a nurse when it was noted consultations could be overheard.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, we were told the partners were approachable and supportive. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was an active part of local, pilot and national schemes to improve outcomes for patients in the area, for example Bradford breathing better and participating in the Queens London “Hep free study” which is actively screening for patients with hepatitis C.

Several members of staff discussed firm plans to respond to patient satisfaction scores and improve access and outcomes for patients.