

The Grange Practice

Quality Report

The Grange Practice
Allerton Health Centre
Bell Dean Road, Allerton
Bradford, BD15 7WA
Tel: 01274 885222
Website: www.grangepractice.co.uk

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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 The Grange Practice

on 1 June 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.
- Risks to patients were assessed and well managed.
- 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 decisions about their care and treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- While the practice had safety records, incident reports and patient safety alerts it was not clear how the lessons from such incidents were shared in order to improve the safety in the practice.
- The practice had a website that give a “virtual tours” of the surgery and has medical staff explaining matters about common ailments.

We saw areas of outstanding practice:

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 significant events
- When things went wrong patients received appropriate support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- While the practice had safety records, incident reports and patient safety alerts it was not clear how the lessons from such incidents were shared in order to improve the safety in the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the CCG and national averages.
- Staff assessed 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 evidence of appraisals and personal development plans for staff.
- 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 caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care. For example, 98% of those who responded had confidence and trust in the last GP with whom they spoke.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice has several patients that never visit the practice. These patients are managed at home and the practices services are offered in the comfort of these patients homes.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and was engaged with the NHS England area team and the Clinical Commissioning Group for the district, in order to ensure better care for patients who had a range of health and medical difficulties. This included work in relation to treating diabetes, patients with heart problems, patients with hypertension and those at risk of stroke. For example, the practice was signed up to:
 - The Bradford Beating Diabetes Initiative
 - Bradford Healthy Hearts
 - Warfarin AQP (Any Qualified Provider) (Warfarin is used to treat or prevent blood clots in veins or arteries, which can reduce the risk of stroke, heart attack, or other serious conditions).
 - Bradford Breathing Better
 - A 'Local Incentive Scheme' for care homes.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice offered a 'rapid access' urgent same day appointment phone call system every morning 8.30am to 11.40am and afternoons from 3.10pm to 5pm.

The practice offered a 'Virtual Surgery', this was an innovative way for a patient to access through the practice website information regarding common conditions e.g. back pain, fit notes, colds and congestion and sore throats. The GP partners were on screen talking about these conditions as though the patient was in the surgery giving advice and information. There was also a section for the Patient Reference Group, and the link takes the patient through the surgery being able to access various areas including meet the team, links to current health information and links to support organisations.

Summary of findings

Are services well-led?

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

Good



- 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 supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. There were systems in place for notifiable safety incidents and 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice won the Clinical Championship for Stroke Prevention award through Bradford Healthy Hearts in May 2016 because they provided good care for Atrial fibrillation (AF) patients who are at risk of strokes.

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

Good



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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The integrated care team met quarterly to discuss complex patients.
- The practice had a monthly ward round to patients in residential and nursing homes.

People with long term conditions

Good



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 showed that 82% of the patients on the practice's diabetes register were reviewed in the 12 months to April 2015. This compared with the national average of 79%.
- Longer appointments and home visits were available when needed for people with learning disabilities.
- 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.
- All (100%) of the patients on the practice's diabetes register on 1 August 2016 had been immunised for influenza in the period between April 2014 to March 2015. This compared with the national average of 95%.

Families, children and young people

Good



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

Summary of findings

were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were average for all standard childhood immunisations.

- 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.
- Appointments were available outside of school hours on Monday morning and Monday evening. The surgery premises were suitable for children and babies.
- We were told about positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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 was open every Monday morning and Monday evening to meet the needs of patients who found it difficult to access the practice on weekdays.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their

Summary of findings

responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 87%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.
- 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 were published on 7 January 2016. The results showed the practice was performing above the local and national averages. There were 337 survey forms distributed and 110 were returned. This represented a response rate of 33% and equated to 2% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 22 comment cards which were all positive about the standard of care received. Patients commented that the practice open morning 'Rapid Access' surgery was brilliant and staff are always friendly and respectful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the latest Friends and Family test (April 2016) 95% of patients said they were extremely likely or likely to recommend this practice.

Areas for improvement

Action the service **SHOULD** take to improve

- While the practice had safety records, incident reports and patient safety alerts it was not clear how the lessons from such incidents were shared in order to improve the safety in the practice.

Outstanding practice

- The practice had a website that give a "virtual tours" of the surgery and has medical staff explaining matters about common ailments.

The Grange Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Grange Practice

- The Grange Practice is located in the Allerton area of Bradford under a Personal Medical Services (PMS) contract. The practice has on-site parking and disabled access.
- The practice has:-
 - Three GP partners, (two male, one female), three Salaried GPs, one GP Registrar, two HCAs, and 14 other staff.
- Opening time and appointment times:
 - Extended hours are provided on a Monday mornings from 7.15am and Monday evenings until 7.40pm
 - The practice offered a 'rapid access' urgent same day appointment phone call system every morning from 8.30am to 11.40am and afternoons from 3.10pm to 5pm.
 - Out of hours care is provided by Local Care Direct and is accessed via the practice telephone number or patients can contact NHS 111.
- The practice serves 7722 patients mainly working age population.

The practice has a mainly white British population with 3.7% mixed, 26.4% Asian, 2.7% black, 1.4% other non-white ethnic groups. The patients' age demographics are similar to those of the general population nationally, with the 15-44 age range having the most patient numbers.

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 other organisations to share what they knew. We carried out an announced visit on 1 June 2016. During our visit we:

- Spoke with a range of staff (GPs, receptionists and nurses) and spoke with patients who used the service.
- Observed how staff interacted with patients in the reception and waiting areas.
- 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:

Detailed findings

- 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 Business Development, Enterprise and Finance 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- However, the practice had not carried out an analysis of significant events logged between March 2015 and May 2016.

While the practice had safety records, incident reports and patient safety alerts it was not clear how the lessons from such incidents were shared in order to improve the safety in the practice.

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 member of staff 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits (last one was dated January 2016) were planned and we saw evidence that actions were recorded to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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.
- 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.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available 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 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.

- Rotas were timetabled two months in advance, and discussed monthly at the clinical meeting with all clinicians present. This ensured adequate cover was in place, or identified if a locum was required.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.
- Issues were flagged up at clinical meetings and also discussed at regular PLT (protective learning time) meetings and CCG wide. The senior partner was a member of the Bradford District CCG board.

The practice received MHRA drugs alerts into the practice via a CCG 'Weekly Highlights' mailing which had a section on 'Medicine Management'. These updates were also available on the CCG intranet accessible via the practices intranet.

The clinical team discussed relevant updates at monthly GP clinical meetings. The in-house prescribing Pharmacist was involved in medication changes and safety audits related to prescribing.

NICE guidelines were discussed at clinical meetings.

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 99% of the total number of points available with exception reporting at 7%. 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 not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was 85% which was just below than the national average of 89%.
- Performance for mental health related indicators was 100% which was better than the national average of 94%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits and surveys completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Aspire audit:
 - Improvement: The practice has reduced prescribing of NSAIDs (Non-steroidal anti-inflammatory drugs) by 1.8% as a result of this audit.
 - Implemented: The practice now have a pop up alert that warns clinicians about risky prescribing of NSAIDs and to take appropriate action.
 - Monitoring: The practice pharmacist was undertaking further work on this audit.
- Vitamin B Prescribing:
 - Improvement: The practice now have no patient inappropriately prescribed Vitamin B. Vitamin B is required for the proper function and development of the brain, nerves, blood cells, and many other parts of the body.
 - Implemented: This audit was presented at a clinical meeting to raise awareness amongst all clinicians in the practice.
 - Monitoring: The practice pharmacist and all GPs remain vigilant for any new requests for Vitamin B prescribing in patients with alcohol dependence.
- Metoclopramide:
 - Improvement: The practice does not have patients inappropriately prescribed Metoclopramide. Metoclopramide is used short-term to treat heartburn caused by gastroesophageal reflux
 - Implemented: 10 patients had the drug stopped and 2 changed to alternatives.
 - Monitoring: The practice pharmacist and all GPs remain vigilant for any new requests for Metoclopramide ensuring that it is prescribed only for the duration and dose advised by the MHRA.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

Through engagement in Bradford Healthy Hearts a cohort of patients with ischaemic heart disease/stroke patients who had premature cardiovascular risk were highlighted. Patients identified were offered anticoagulation medication.

- Findings were used by the practice to improve services. For example, an external consulting team and GP with a specialist interest in cardiology attended the practice to discuss stroke and Atrial fibrillation management.

Information about patients' outcomes, such as the reduced mortality risk, was used to educate clinicians (via protected learning times) and patients (website).

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice showed that they ensured that staff had role-specific training and that this was updated for staff. For example for staff who reviewed patients with long-term conditions. Through annual appraisals, areas were discussed e.g. COPD (Chronic obstructive pulmonary disease) and mandatory training for those areas specific for the roles were supported through staff attending the relevant training. This was then recorded on the training matrix. GPs had external appraisers as per the GMC (General Medical Council) guidelines.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included 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.

- Staff had been trained with respect to safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan 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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients nearing the end of their lives were supported by the practice. As well as those at risk of developing a long-term condition and those requiring advice on their healthy eating, smoking cessation and alcohol reduction. Patients were signposted to the relevant service.
- The practice offered patients a variety of clinics and services both clinical such as Anti-coagulation and Mental Health support and non-clinical services including debt management, improving access to services and physiological therapy and supporting their overall wellbeing.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability 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 comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from:-

April 15 – June 15 2yr = 90% 5yr = 90%

July 15 – Sept 15 2yr = 90% 5yr = 90%

Oct 15 – Dec 15 2yr = 90% 5yr = 90%

Jan 16 – Mar 16 2yr = 90% 5yr = 70%

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

The practice offered a 'Virtual Surgery', this was an innovative way for a patient to access through the practice website information regarding common conditions e.g. back pain, fit notes, colds and congestion and sore throats. The GP partners were on screen talking about these conditions as though the patient was in the surgery giving advice and information. There was also a section for the Patient Reference Group, and the link takes the patient through the surgery being able to access various areas including meet the team, links to current health information and links to support organisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient reference group (PRG) on the day of the inspection. After the inspection we spoke with the chair of the PRG who was the Deputy Chief Executive of QED Foundation, a leading Bradford based national charity founded in 1990. It aims to tackle poverty and disadvantage faced by communities, especially minority ethnic communities. Having these high profile members on the PRG enabled the practice to be effective in the delivery of its services by having effective dialogue with patients. The PRG also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PRG currently had 17 members. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 83% 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%.

- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% 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%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

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 140 patients as carers (2% of the practice list). All carers were invited annually for a carers health check. Written information was

available to direct carers to the various avenues of support available to them. A carer's resource visited the practice and had access to a private room to speak with patients and carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 phlebotomy, smoking cessation and women's health services.

- There were longer appointments available for patients with a learning disability.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8:10am to 5:40pm daily. Extended hours appointments were offered on a Monday mornings from 7.15am and Monday evenings until 7.40pm. 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.

The practice offered a rapid access appointment system every morning 8:30am to 11.15am and 3:10pm to 5pm.

The practice offered a 'Virtual Surgery', this was an innovative way for a patient to access through the practice website information regarding common conditions e.g. back pain, fit notes, colds and congestion and sore throats. The GP partners were on screen talking about these conditions as though the patient was in the surgery giving

advice and information. There was also a section for the Patient Reference Group, and the link takes the patient through the surgery being able to access various areas including meet the team, links to current health information and links to support organisations. The website is located at <http://www.thevirtualgp.co.uk/grange>.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The open morning clinic was a popular choice for patients at the practice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at 20 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had spoken with patients to proactively manage the patient's expectations when waiting for results.

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 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.

The practice is currently undergoing a merger in 2016/2017 with Mayfield Medical Centre in Clayton. This will result in joint practice learning time, an occupational psychologist which includes organisational development work, what the practice do well, what could improve, more access opportunities for patients, succession planning and future proofing. There will then be one patient list and patients can attend either Mayfield or Grange as well as there being a greater range of services for all patients.

Leadership and culture

The practice leadership said they prioritised safety, quality and compassionate care in their services. Practice staff said that all of the partners were approachable and always took the time to listen to all members of staff.

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 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.
- The practice was currently mentoring a Paramedic in training for the role of Advanced Clinical Practitioner.
- The practice hosted Leeds University medical students, Primary Care Education Group nurse training, Huddersfield University advanced clinical practitioner training.
- The practice held an annual away day in October every year. This was conducted at a hotel and was delivered over two days.
- The practice was a training practice and had successfully trained several GP registrars and an independent pharmacy prescriber. The strength of cohesion and excellence in the practice was exemplified by the fact that the practice's current final year GP registrar had been offered and accepted a salaried GP position in 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG which had 17 members met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with two members who told us that the PRG has helped with the practice 'Look & Feel' by rearranging the seating in the reception area.

- The practice had gathered feedback from staff. 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.

The practice believed in consulting with staff at all times when reviewing systems and processes to ensure a whole team approach. Staff views and ideas to participate in discussions were actively encouraged and welcomed. Where any change was deemed necessary, for example where staff felt that they wished to influence a system or process this was added to a meeting agenda, recent examples included a review of the flooring in the practice. The practice had also arranged team 'Away Afternoons' to discuss changes to practice systems.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were planning improvements for the future. For example new flooring in all the clinical rooms and new windows in reception.

The practice used the opportunities brought by many pilot schemes in the area that had been initiated by the CCG, for example Bradford Healthy Hearts, Bradford Breathing Better, Bradford Beating Diabetes. They were part of team that won national award for Bradford Healthy Hearts, the practice was the only service whose clinical champion was a practice nurse.

The practice was recognised for its work as a teaching practice with General Practice aware in 2015. It was also recognised for its work with respect to stroke patients and the prevention of stroke by the Bradford healthy hearts project in 2016.