Valley View Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Valley View Surgery on 08 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. The lead GP had met with patients to discuss their concerns and improvements were made to the quality of care as a result of complaints and concerns.
- Feedback forms for the Friends and Family test were available in several languages relevant to the patient group, including Bengali and Polish. The Friends and Family test is a survey which asks patients if they would recommend NHS services to other people based on the quality of the care they have received.
- Risks to patients were assessed and well managed. All staff had undertaken appropriate checks through the Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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. Staff told us that they would feel confident to raise any concerns with the GP partners.
- Patients said that they did not find it easy to make an appointment or speak to a GP.
- The provider was aware of and complied with the requirements of the duty of candour.
- We found that out of hours reports were not always reviewed by a clinician and that the practice was slow to manage electronic post. The practice agreed to review these systems.

We saw one area of outstanding practice

- In addition to the Patient participation group (PPG), the practice hosted a number of community focussed social groups such as the" Knitter Natter" group. The practice and the partners used these groups to deliver health education messages and improve access to health care for their patients. For example, English lessons delivered at the practice also focussed on teaching people how to book and arrange appointments and what services were available.

The areas where the provider should make improvements 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 access.
- The practice should ensure that all out of hours reports are reviewed by a clinician and that electronic post is managed in a timely manner.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice met with patients where necessary.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw evidence that the GPs at the practice had attended Prevent training and were knowledgeable regarding issues such as female genital mutilation (FGM) and domestic violence. (Prevent training is designed enable staff to recognise extremism and raise awareness of vulnerability, threats and risks in relation to terrorism).
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed. For some historically recruited staff the practice was unable to evidence references for staff or copies of job descriptions. However, all staff had undertaken appropriate checks through the Disclosure and Barring Service (DBS). The staff we spoke with were clear about their roles and responsibilities.
- We found that out of hours reports were not always reviewed by a clinician and that the practice was slow to manage electronic post. The practice agreed to review these systems.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

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- Clinical audits demonstrated quality improvement. For example, an audit of patients with gout showed that following a risk assessment and health check, levels of the acid in the blood which is associated with gout (urate) was found to be lower and the condition managed better.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff with protected learning time. The practice supported staff to develop additional skills which would enhance patient care.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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 some aspects of care. The percentage of patients who said that the last time they saw or spoke to a GP they were treated with care and concern was 70% compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 85%. The percentage of patients who said they were treated with care and concern by nursing staff was 79% which was the same as the CCG average but lower than the national average of 91%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw evidence of positive relationships between staff and patients and a commitment to improving the health of patients, reducing isolation and increasing their social opportunities.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team, Bradford City CCG and other practices to secure improvements to services where these were identified.
- Patients said that they did not find it easy to make an appointment or speak to a GP. Only 40% of patients said that

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the last time they wanted to see or speak to a GP they were able to. However, we raised with them these concerns and found that they had responded appropriately and offered a higher than expected number of appointments given the size of the patient list. The practice had an action plan in place to improve patients' satisfaction.

- Feedback forms for the Friends and Family Test were available in numerous languages relevant to the patient group including Bengali and Polish.
- Patients were able to attend a daily walk in clinic, make same day appointments and book appointments in advance. These could be booked with the receptionist or online.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, patients and other stakeholders.
- A basic clinical protocol allowed reception staff to direct patients to the Pharmacy First Scheme. This scheme enabled patients to receive prescription medications, to treat a range of common conditions, direct from the pharmacist without a GP prescription.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt 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. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The PPG was active and held events

Summary of findings

and classes for patients to reduce social isolation and increase patient knowledge about the services offered. There was a dedicated patient engagement lead, who had a good knowledge and understanding of the needs of the patient group.

- There was a strong focus on continuous learning and improvement at all levels.

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 supported relatively small numbers of older people. It offered proactive, personalised care to meet their needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly meetings were attended by the district nursing team. The needs of older people, housebound and palliative care patients were also reviewed at quarterly multidisciplinary meetings.
- The practice worked closely with the community pharmacist who visited older people at home to conduct medication reviews and check compliance.

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 for example diabetes and patients at risk of hospital admission were identified as a priority.
- The practice was trailing a new system of recalling patients with several health issues for one annual review. It was hoped this would encourage attendance and improve the patient experience.
- Outcomes for patients with diabetes were comparable to national averages. For example, 99% of patients on the diabetes register had an influenza immunisation in the preceding 12 months, national average 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. For example, when children did not attend for GP or hospital appointments, the practice would ensure that reports were run to check for any patterns occurring or any safeguarding concerns.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The number of women that had attended for cervical screening in the preceding five years was 74%. The practice was aware this was lower than CCG and national averages and had an action plan in place to address this. This included the introduction of additional clinics and a self-audit of technique by a sample taker to reduce the number of samples that required repeating.
- The practice held baby clinics supported by GPs and health visitors and had systems in place to ensure that all babies attended their appointments in line with the immunisation programme.
- Children were accommodated where possible in evening surgeries to reduce non-attendance at school.
- Children with severe and long term disabilities were prioritised for appointments regardless of their age.

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 offered an extended hours service on a Tuesday until 8.15pm when patients could be seen by a GP or an advanced nurse practitioner.
- The practice offered telephone consultations to patients who were unable to attend the surgery in person due to work commitments.

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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 and annual health checks.
- 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, including a local women's refuge. Women who accessed the refuge could register with the practice and would be offered urgent appointments.
- The practice took part in a study to identify patients at risk of developing hepatitis, (a liver condition). Five hundred patients attended for screening and the practice identified eight patients with previously undiagnosed hepatitis.
- 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.
- Carers were offered annual health checks and there was a dedicated carer's board. Carer's registration cards and information was available to patients.

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).

- Data showed that 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average.
- The percentage of patients with schizophrenia, bipolar disorder and other psychoses whose alcohol consumption was recorded in the previous 12 months was 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice was opportunistically screening patients for dementia.

Summary of findings

- The practice was participating in a CCG led initiative to offer physical health checks to patients with serious mental illness. A range of services including smoking cessation, ECGs and weight management advice was available to these and other patients.
- The practice carried out advance care planning for patients with dementia. These would be discussed with family and carers where appropriate.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and staff had undertaken dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practices' ratings were slightly below that of local and national averages. A total of 408 survey forms were distributed and 77 (19 %) were returned. This represented 1% of the practice's patient list.

- 47% of patients found it easy to get through to this practice by phone compared to the CCG average of 55% and the national average of 73%.
- 40% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 59% and the national average of 76%.
- 61% of patients described the overall experience of this GP practice as good compared to the CCG average of 71% and the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 63% and the national average of 79%.

The practice continued to liaise with patients through feedback, the PPG and a patient survey in order to monitor patient satisfaction and to continue to improve services.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received but noted that it was difficult to get an appointment.

We spoke with six patients during the inspection. All six patients said they were treated with dignity, compassion and respect. One patient said it was easy to get through to the surgery by telephone, one said it varied; two said it was difficult and two patients said the system had improved. Two patients described the care given to patients as excellent.

Results from a recent Friends and Family test showed that 94%of patients would recommend the practice to their friends and family.

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 access.
- The practice should ensure that all out of hours reports are reviewed by a clinician and that electronic post is managed in a timely manner.

Outstanding practice

We saw one area of outstanding practice

- In addition to the Patient participation group (PPG), the practice hosted a number of community focussed social groups such as the" Knitter Natter" group. The practice and the partners used these groups to deliver health education messages and improve access to health care for their patients. For example, English lessons delivered at the practice also focussed on teaching people how to book and arrange appointments and what services were available.

Valley View Surgery

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 Valley View Surgery

Valley View Surgery provides services for 6420 patients. The surgery is situated within the Bradford City Clinical Commissioning group and is registered with the Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

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

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

The practice is a partnership of two female GPs who both work full time and a male locum GP that offers five sessions per week. The practice is staffed by an advanced nurse practitioner, two practice nurses, and two health care assistants (HCA's) one of whom is part time. The clinical team are supported by a practice manager and a team of administrative staff. The practice also has a patient engagement lead.

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

Valley View Surgery is situated within a purpose built building which it shares with another surgery and has car parking available. It has disabled access and facilities.

The practice reception is open between 8.30am and 6.00pm Monday to Friday and until 8.15pm on a Tuesday. Appointments are available from 8.30am until 5.30pm each day and until 8.15pm on a Tuesday when the extended hours clinic is held.

When the surgery is closed patients can access the Pharmacy First minor ailments scheme or the walk in centre at Hillside Bridge Health centre. Patients are also advised of the NHS 111 service for non –urgent medical advice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked Bradford City Clinical commissioning Group and National Health Service England to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

- Spoke with a range of staff including the GP partners, a practice nurse, the advanced nurse practitioner, a HCA, administration staff and the practice manager.
- Spoke with patients who used the service.
- Observed how staff interacted with patients and carers in the waiting and reception areas. .
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and a detailed written apology. We saw that in some cases the partners met with the complainant to address their concerns and discuss changes that the practice had made to ensure that the same issue did not happen again. Suggestions from patients about how to improve were listened to and acted upon.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event where a patient was administered the wrong injection, the process for receiving and storing medication was reviewed.

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 and the nurses were trained to level two. We saw evidence that senior staff had also attended Prevent training and had a good understanding of the issues relating to female genital mutilation (FGM) and domestic violence.
- Notices in the waiting room and in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be uncluttered, clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence of basic IPC audits; the practice nurse had recently taken on the lead role and was continuing to educate staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber and had a good understanding of these. We saw evidence that the competencies of health care assistants and an apprentice were assessed and documented.

Good

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for newer staff recruited at the practice. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We found that out of hours reports were not always reviewed by a clinician and that the practice was slow to manage electronic post. Although we did not see any evidence that this had impacted on patient care, the practice agreed to review these systems.

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 and staff had the capacity to cover for annual leave and sickness.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and an emergency call button in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had arranged first aid training on the day of our visit.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice had two oxygen cylinders on the premises; we found one of these had recently reached its expiry date. The practice took immediate steps to ensure this was not used and was replaced. 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.

Good

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.

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 94% of the total number of points available with 6% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Overall exception reporting in the practice was lower than the CCG and national average.

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

- Performance for diabetes related indicators was similar to CCG and national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination was 87%, compared to the CCG average of 86% and the national average of 88%.
- Performance for mental health related indicators was similar and in some cases better when compared to CCG and national averages. For example, the percentage of patients with a diagnosed mental health issue who had a comprehensive agreed care plan was 96% which was better than the CCG average of 90% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, including pharmacy audits. Two of these were completed audits where the improvements made were implemented and monitored. For example, an audit of patients with gout showed that following a risk assessment and health check, levels of the acid in the blood which is associated with gout (urate) was found to be lower and the condition managed better.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services and the practice liaised with other practices in the CCG and with a practice situated in the same building.

Information about patients' outcomes was used to make improvements. For example, the practice took part in a study to identify patients at risk of developing hepatitis. Five hundred patients attended for screening and the practice identified eight patients with previously undiagnosed hepatitis. They were then able to support these patients with lifestyle advice and appropriate care and treatment.

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 could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The health care assistant was able to describe how she had attended advanced training in areas such as diabetes and spirometry and was supported by the nurse to gain competencies.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and attending CCG led training events and meetings.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance and customer care. Staff had access to and made use of e-learning training modules and in-house training. Additional training was also encouraged and we saw evidence that staff had completed learning disabilities and dementia awareness training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing 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.
- The process for seeking consent was monitored through patient records.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and this was also offered opportunistically by the advanced nurse practitioner and GPs. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. In an attempt to increase the uptake of cervical screening, the advanced nurse practitioner described how she would often use drawings to help women understand how the sample would be taken and explain the importance of screening. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 97% and five year olds from 89% to 96%.

Good

Are services effective?

(for example, treatment is effective)

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

Good

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice also offered a room where mothers could feed their baby in private.

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

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

- 74% of patients said the GP was good at listening to them compared to the CCG average of 81% and the national average of 89%.
- 65% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 76% and the national average of 85%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern which was the same as the CCG average and below the national average of 91%.
- 68% of patients said they found the receptionists at the practice helpful compared to the CCG average of 75% and the national average of 87%.

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

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. We also saw that care plans were personalised and the patients we asked told us that they had self-management plans.

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

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the CCG average and below the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had obtained an information booklet written in several eastern European languages which was designed to help people understand the services that the GP surgery would offer.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers which was less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an extended hours clinic on a Tuesday evening until 8.15pm for working patients who could not attend during normal opening hours. Patients could be seen by a GP or the advanced nurse practitioner.
- There were longer appointments available for patients with a learning disability. These patients would be offered additional appointments to familiarise themselves with procedures if necessary.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice operated a walk in clinic each morning. At busy times, for example on a Monday morning, both GPs and the advanced nurse practitioner supported these clinics.
- A basic clinical protocol allowed reception staff to direct patients to the Pharmacy First Scheme. This scheme enabled patients to receive prescription medications, to treat a range of common conditions, direct from the pharmacist without a GP prescription.
- Patients were able to receive travel vaccinations available on the NHS. They were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreting services available.

Access to the service

The practice reception was open between 8.30am and 6.00pm Monday to Friday and until 8.15pm on a Tuesday. Appointments were available from 8.30am until 5.30pm each day and until 8.15pm on a Tuesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, on the day appointments could be booked and the practice operated a daily walk in clinic and telephone triage.

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

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- Only 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 55% and the national average of 73%.
- Only 40% of patients stated that the last time they wanted to see or speak to a nurse or a GP from their surgery they were able to get an appointment. The CCG average is 59% and the national average is 76%.

However, our GP specialist adviser estimated that the surgery offered comparatively more appointments than might be expected for the size of the patient list. The practice also had an action plan in place to improve access and therefore patient's satisfaction and were liaising with the PPG to achieve this. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients told us that they would know how to make a complaint if they needed to. We saw that information was available to help patients understand the complaints system.

We looked at five written and seven verbal complaints received in the last 12 months and found that these were handled in an open and honest manner by the practice. All the complaints we saw had been resolved to the satisfaction of the patient. In several cases, the practice had undertaken one to one meeting with the person who had made the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. We saw that the practice responded appropriately to concerns raised with them.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice and develop their own skills and competencies.
- We saw evidence of continued support for engagement with other practices, the CCG and protected learning time.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had increased the number of pre-bookable appointments as a consequence of feedback from patients.
- The practice had gathered feedback from staff through social gatherings, staff meetings, appraisals and informal discussions. Staff told us they would not

Are services well-led?

Good

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

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

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