

# Park Grange Medical Centre

## Quality Report

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Date of inspection visit: 17 March 2016  
Date of publication: 17/05/2016

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 Park Grange Medical Centre on 17 March 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, recording and reviewing 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 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. We saw evidence that the people affected received reasonable support and a verbal and written apology where necessary.

- Patients said that when they made an appointment it was convenient and that 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. The practice had begun an extension and refurbishment of the building.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and the patient participation group (PPG) which it acted on.
- We observed that for some staff recruitment checks had not been undertaken prior to their employment.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

Diabetic patients were offered a proactive health and medication review prior to the month of Ramadan (this is ninth month of the Islamic calendar and Muslims traditionally fast during daylight hours). The practice aimed to assist patients to fast whilst maintaining control of their condition. Additional smoking cessation clinics were also held at this time.

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The practice would contact people the day before an arranged review to remind them of this. They would then contact them an hour before they were due to attend the review, this had reduced the number of people who did

not attend appointments and increased attendance at appointments. The practice could then offer appointments that were no longer needed to other patients.

**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 an effective system in place for reporting, recording and reviewing significant events. This information was used to promote learning and improvement
- Lessons were shared at staff meetings to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Risks to patients who used services were assessed, with systems and processes to address these risks and keep people safe in most areas, for example in relation to fire. However we found that in some staff files the recruitment arrangements did not include all necessary employment checks for all staff for example, references.
- Staff were fully aware of their responsibility to recognise and respond appropriately to abuse. For staff that had not attended a recent refresher in safeguarding training, arrangements were in place for them to complete this and all other relevant training within three months.
- The practice purchased domestic cleaning products and we did not see evidence that a risk assessment for the COSHH was available, the practice stated that they would review this.
- We did not see evidence that an assessment of the hard wiring of the building had been undertaken within the last five years, the practice assured us this would be undertaken.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for

# Summary of findings

patients. The GP lead and the pharmacist had developed a practice flow chart for prescribing medication to patients. Medications were prescribed based on best practice, up to date NICE guidelines and costings.

- Quality Outcomes framework data (the annual reward and incentive programme detailing GP practice achievement results), from 2014/2015 showed the practice was consistently performing at a comparable level or above CCG and national averages. For example, the percentage of patients with asthma, on the register, who had a review in the preceding 12 months, was 79% which was above CCG and national averages.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice was part of a hub of 20 other practices within the Bradford City Clinical Commissioning Group (CCG). This hub could offer services to patients in a timely manner, without the need to attend the local hospital. For example, patients could attend for ultrasound scans, which would be undertaken within a week.
- Child hood immunisations were consistently above CCG averages, for example 100% of children at the age of two had received their immunisations.
- Diabetic patients were offered a proactive health and medication review prior to the month of Ramadan to assist them to fast whilst maintaining control of their condition. Additional smoking cessation clinics were also held at this time.
- There was evidence of appraisals and personal development plans for all staff.
- The practice would contact people the day before their appointment to remind them of their appointment or review. They would then contact them an hour before they were due to attend the review, this had reduced the number of people who did not attend appointments and increased attendance at reviews. The practice could then offer appointments that were no longer needed to other patients.
- We saw evidence that the practice promoted a “Pharmacy First” scheme where patients were encouraged to free up GP appointments by asking the pharmacist for advice prior to visiting the GP surgery. Patients entitled to free prescriptions could receive free medication for minor ailments.

## Are services caring?

The practice is rated as good for providing caring services.

- Feedback from CQC comment cards was positive and showed that patients said they were treated with compassion, dignity

**Good**



# Summary of findings

and respect and they were involved in decisions about their care and treatment. However, data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care.

- Information for patients about the services available was easy to understand, accessible and in more than one language.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The GP would respond in a timely manner to the need to provide death certificates so that individuals could be buried in line with Muslim traditions if necessary.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice participated in CCG initiatives such as the Bradford breathing better and Bradford beating diabetes incentive schemes.
- 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.
- Patients could access appointments and services in a way and at a time that suited them, 99% of patients said the last time they got an appointment it was convenient.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Ongoing plans to extend the practice included a prayer room. The practice had identified that appointments were missed when patients needed to attend the mosque for prayers and in liaison with the PPG had decided to make a room available for this purpose.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The PPG had been integral to plans for the new extension, this included a self-assessment room where

Good



# Summary of findings

patients could weigh themselves and take their own blood pressure. Facilities were also planned for patients to print health promotion leaflets in their own languages and for a prayer room.

- The practice had developed a newsletter encouraging patients to join the PPG and informing patients of the development plans in the practice and how to access appointments.

## 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 this. Staff told us this was regularly reviewed and discussed with staff.
- 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 practice 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 knowing about 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. There was an active PPG which influenced practice development and had been involved in the planning stage of the new extension and refurbishment plans. Staff from the practice consistently attended PPG meetings.
- Staff had received regular performance reviews which focussed on continuous learning and improvement at all levels and attended staff meetings and events.
- Staff wore name badges so that they could be identified by patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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 health care assistant would routinely arrange home visits for house bound patients who required ongoing monitoring.
- All patients in this population group were offered regular reviews of an advanced care plan, involving families and carers if appropriate. This would include discussions regarding end of life care and resuscitation.
- All patients in this age group had a named GP.
- The practice pharmacist offered home visits to patients to review and discuss their medication needs. This had reduced the number of medications that patients were taking and medication wastage.
- The practice had an unplanned admissions protocol for older people and reviewed patients when they were discharged to avoid readmission to hospital.

### People with long term conditions

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

Good



- Outcomes for patients diagnosed with diabetes were consistently comparable to, or above national averages, for example 100% of diabetic patients had received an influenza vaccine in the preceding 12 months.
- Longer appointments and home visits were available when needed and for those who required ongoing monitoring.
- The practice actively participated in CCG initiatives to improve chronic disease management, these included, Bradford beating diabetes, Bradford breathing better, Bradford healthy hearts and the Diabetes 9 Care processes.
- The practice had reduced the need for patients to attend hospital appointments by offering in house assessments, for example Electrocardiogram (ECG) monitoring.



# Summary of findings

- The lead GP worked collaboratively with other professionals and attended monthly integrated care team meetings where complex patients could be discussed with other professionals, referrals made and advice sought.
- The practice pharmacist offered home visits to patients to review and discuss their medication needs. This had improved medication concordance, reduced the number of medications that patients were taking and medication wastage.
- 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

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

Good



- 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.
- Childhood immunisation rates were consistently above CCG averages with 100% of children at the age of two immunised.
- The percentage of patients with asthma, on the register, who had a review in the preceding 12 months, was 79% which was above CCG and national averages.
- 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.
- The percentage of women whose notes recorded that a cervical screening test had been performed was 81%, CCG average 76%, national average 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children under six were offered priority appointments on the same day.
- The GPs held a joint clinic with health visitors and the nursing team to complete, eight week checks, baby immunisations and post-natal checks in one appointment.

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

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

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered an extended hours clinic on a Friday until 7.45pm. Same day and advanced booking appointments were also available. The practice had also recently introduced a lunch time drop in clinic as a direct result of feedback from patients and the PPG.
- Patients could request a telephone appointment if they were unable to attend the surgery.
- The practice was planning to extend the range of online services to include online prescriptions and told us they were developing the website to offer health promotion advice.
- Patients could consent to text message reminders to be sent to their phones.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice offered longer appointments and annual health reviews for patients with a learning disability and liaised with the local learning disability team when expert advice was required. They would also refer to voluntary services, for example night sitting services to reduce stress for carers. Of the practice population, 2% of patients were identified as having a learning disability which is above CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- As part of an ongoing refurbishment the practice was to install a hearing loop for patients with hearing impairment.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. We were told staff training had included female genital mutilation, forced marriages and the Prevent strategy (Prevent is part the counter-terrorism strategy aimed at stopping people becoming terrorists or supporting terrorism.)

# Summary of findings

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

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

- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Outcomes for people with mental health issues were consistently good. For example, the percentage of patients with a mental health issue whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients as necessary to the local team providing psychological therapies and employed a locum GP with a specialism in psychiatry.
- The practice carried out advance care planning for patients with dementia, involving families and carers where appropriate.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- When individuals had been experiencing poor mental health and had attended accident and emergency, the practice had a system in place to follow up these patients.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was participating in the Dementia direct enhanced service scheme. This is an initiative designed to improve services for patients who may be at risk of dementia, diagnosed with dementia or be a carer for someone with dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 392 survey forms distributed and 60 were returned, a response rate of 15%. This represented 2% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 51% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 67% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 47% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

Plans were underway within the practice to install a new telephone system and the lead GP discussed the need for

continual change and improvement in an attempt to meet patient needs. The practice continued to engage with their PPG to review, anticipate and meet patient needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Views reflected on the comment cards did not align with the GP patient survey results. Patients stated they were very satisfied with the care they received and it was easy to get an appointment when they needed one. Patients also said they felt very well looked after.

We spoke with three members of the PPG during the inspection. They stated they were happy with the care they received and thought staff were approachable, caring and committed to meeting patients' needs.

## Outstanding practice

Diabetic patients were offered a proactive health and medication review prior to the month of Ramadan (this is ninth month of the Islamic calendar and Muslims traditionally fast during daylight hours). The practice aimed to assist patients to fast whilst maintaining control of their condition. Additional smoking cessation clinics were also held at this time.

The practice would contact patients the day before an arranged review to remind them of this. They would then contact them an hour before they were due to attend the review, this had reduced the number of people who did not attend appointments and increased attendance at appointments. The practice could then offer appointments that were no longer needed to other patients.

# Park Grange Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Park Grange Medical Centre

Park Grange Medical Centre provides services for 2552 patients. The surgery is situated within the Bradford City Clinical Commissioning group and is registered with CQC to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

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

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 69% of the practice population is from an Asian background with a further 7.7% of the population originating from black, mixed or non-white ethnic groups.

There is a lead GP at the practice that works full time and four locum GPs that regularly support the practice on a

sessional basis. One of these locum GPs is female. The practice is staffed by two part time practice nurses who work 8 hours per week each and two part time health care assistants (HCA's). The practice also engages the services of a pharmacist. The clinical team is supported by a practice manager and a team of administrative staff. The staff team is reflective of the population it serves and are able to converse in several languages including those widely used by the patients, Urdu, Punjabi and English.

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

Park Grange Medical Centre is situated within an older building with car parking available. It has disabled access and facilities. At the time of our inspection the surgery was undergoing a refurbishment and was building an extension.

The reception is open at 8.15am each day and closes at 6.30pm Monday to Thursday with appointments available between 8.30am and 6.30pm. On a Friday the practice offers late night appointments until 7.45pm. There is a drop in clinic at lunchtime each day between 12pm and 12.30pm.

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

# Detailed findings

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 including Bradford city CCG and NHS England. We carried out an announced visit on 17 March 2016. During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse, a health care assistant, the practice manager and an administrative assistant.
- Met with three members of the PPG.
- Observed how staff interacted with patients.
- 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.

# 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 practice carried out a thorough analysis of significant events. We saw evidence that these were discussed in team meetings with learning outcomes and changes made to prevent similar occurrences. For example, the practice had acquired leaflets and posters to help clinicians explain to patients that antibiotics would not help viral illnesses.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a practice flowchart had been developed to ensure that prescribing was in line with NICE and good practice guidelines.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and for those that had not attended recent updates relevant to their role we saw evidence of an ongoing training plan. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection control clinical lead and with the team liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and for staff that had not received up to date training, we saw evidence of a training plan. Annual infection control audits were undertaken and we saw evidence that action had been taken to address some issues that had been identified but some were unresolved. The practice told us and we saw evidence that several of the issues would be resolved by the refurbishment plans for example the replacement of fabric chairs and carpets.
- The practice purchased domestic cleaning products and we did not see evidence that a risk assessment for the control of substances hazardous to health (COSHH) was available, the practice stated that they would address this.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. On the day of our visit the practice implemented a system to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been not been undertaken prior to employment in all cases. For example, proof of identification and references. The

## Are services safe?

practice assured us that they were in the process of updating the staff files and for those non clinical staff that did not have the appropriate checks through the Disclosure and Barring Service, this would be undertaken.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had recently introduced 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 infection prevention and control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice could not find a certificate to assure themselves that the hard wiring of the building had been checked within the last five years. They told us that they would ensure that this was undertaken as a priority.

- 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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. We were told of a recent example of when this had been responded to appropriately.
- 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 fit for use.
- 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 peoples' needs. The GP lead and the pharmacist had developed a flowchart for prescribing medication to patients. Medications were prescribed based on best practice, up to date NICE guidelines and costings.
- 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 97% of the total number of points available, with 6% exception reporting which is lower than the CCG average of 9% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed the practice was consistently performing at a comparable level to or above CCG and national averages.

- Performance for diabetes related indicators was better than CCG and national averages. For example the percentage of patients on the register in whom the blood pressure reading was within normal limits was 86% compared to the CCG average of 76% and the national average of 78%.

- The percentage of patients with hypertension having regular blood pressure tests was 86% which is better than the CCG average of 83% and the national average of 84%.
- Overall performance for mental health related indicators was better than national and CCG averages. For example the number of people with mental health issues who had a comprehensive agreed care plan was 92% compared to the CCG average of 90% and the national average of 89%.

The practice would contact people the day before their appointment to remind them of their appointment or review. They would then contact them an hour before they were due to attend the review, this had reduced the number of people who did not attend appointments and increased attendance at reviews. The practice could then make more effective use of clinical time and offer appointments that were no longer needed to other patients.

We saw evidence that the practice promoted a "Pharmacy First" scheme where patients were encouraged to free up GP appointments by asking the pharmacist for advice prior to visiting the GP surgery. Patients entitled to free prescriptions could receive free medication for minor ailments.

Clinical audits demonstrated quality improvement.

- There had been several clinical and pharmacy audits completed in the last two years, two of these were completed two cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, pharmacy audits, CCG initiatives, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services for example a recent antibiotic prescribing audit was shared with other practices in the CCG.
- Information about patients' outcomes was used to make improvements such as a recent audit found that 41% of patients prescribed salbutamol (a medication that opens up the airways in the lungs) in the absence of a confirmed diagnosis, were found to be still using their inhaler and were invited for review.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- We saw evidence that staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. For staff that were required to complete training or updates we saw that arrangements were in place for them to complete this and all other relevant training within three months.
- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and diabetic control. Patients were then signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

- Smoking cessation clinics were held on the premises and the practice offered additional services such as 24 hour blood pressure monitoring, ECGs and ear syringing. The practice planned to commence a paediatric phlebotomy (taking bloods for testing) service from April. At present children requiring this service would need to attend the hospital.

The practice's uptake for the cervical screening programme was 81%; the national average is 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 contacting patients directly. For all patients they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 88% to 100%.

Flu vaccination rates for those with a diagnosis of diabetes were 100%, this was also above CCG and national averages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 25 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 that they were very satisfied with their treatment. Several patients noted that they could get appointments on the same day.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 generally treated with compassion, dignity and respect. The practice was below CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 69% said the GP gave them enough time (CCG average 77%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 75%, national average 85%).

- 75% said the last nurse they spoke to was good at treating them with care and concern (CCG average 78%, national average 91%).
- 62% said they found the receptionists at the practice helpful (CCG average 75%, national average 87%)

The practice discussed increasing the amount of nursing hours offered to patients as staff had recently returned to work after an absence. It was felt this would free up GP appointments, enabling patients to see a GP of choice and increase patient satisfaction.

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

Patient feedback on the comment cards we received was positive and patients said they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

We saw evidence of advanced care planning for patients with dementia and care plans for people with other health issues such as diabetes and asthma.

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

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and national average of 86%.
- 64% said the last GP they saw was good at involving them in decisions about their care (CCG average 71%, national average 82%)
- 69% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%)

However, when we reviewed the CQC comment cards we found that patients were satisfied with the care and treatment they received. Patients stated they were involved in their care.

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

## Are services caring?

staff were able to converse with the patients in several languages relevant to the population group. We saw notices in the reception areas informing patients this service was available.

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

A dedicated carer's board in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.3% of the practice list as carers. Written information, leaflets and posters were available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was followed by a patient consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service as appropriate. The GP would respond in a timely manner to the need to provide death certificates so that individuals could be buried in line with Muslim traditions if necessary.

# 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 other GP practices within the CCG, the NHS England Area Team and Bradford City Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in initiatives such as Bradford breathing better and the physical health review of patients with serious mental illness.

- The practice offered a 'working persons clinic' on a Friday evening until 7.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who required an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for most of the practice population; however, children and those with serious medical conditions were prioritised.
- There was a lunch time drop in clinic each day of the week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services were available. There was a plan in place to install a hearing loop as part of the refurbishment. The new planned self-assessment room would also allow patients to weigh themselves, take their own blood pressure and print off health promotion leaflets without the need to make an appointment.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services for example the HCA would arrange proactive visits to housebound patients to review their health.

### Access to the service

The practice was open between 8.15am and 6.30pm Monday to Thursday with appointments available from 8.30am to 6.30pm. Extended surgery hours were offered on a Friday when the reception opened at 8.15am with

appointments from 8.30am to 7.45pm. In addition to pre-bookable appointments that could be booked in advance, on the day appointments were also available for people that needed them. A drop in clinic ran each day with telephone triage appointments also available.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 78%.
- 62% of patients said they could get through easily to the surgery by phone (CCG average 55%, national average 74%).
- 99% of patients said the last appointment they got was convenient (CCG average 88%, national average: 92%) but only 52% of patients said they were able to get an appointment the last time they wanted to see a GP. However on the day of the inspection our CQC comment cards reflected that patients said that they were able to get appointments when they needed them.

The practice told us that patient demands for appointments were high and they had received funding to upgrade their telephone system to improve patient access. They also told us of an example where a patient had demanded several GP appointments in one day.

### 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 including posters and a summary leaflet.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled and responded to in a timely way. Patients received written explanations and apologies. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- Staff knew and understood the values of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The lead GP discussed ongoing federation working in the future or a merger to enable the practice to continue to meet their patients' needs.

### 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 which 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

The management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of 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; we saw evidence to confirm this.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and all members of staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. The PPG had been integral to plans for the new extension, this included a self-assessment room where patients could weigh themselves and take their own blood pressure. Facilities were also planned for patients to print health promotion leaflets in languages relevant to their needs and for a prayer room.
- The practice had gathered feedback from staff through annual appraisals, staff meetings, appraisals and one to one discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the lead GP, colleagues and management. We were told of a positive culture of openness at the practice. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong 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.

Plans were ongoing to improve the surgery for patients. New facilities would include a prayer room and a self-assessment room.

The lead GP was in discussions with a pharmacy regarding relocation to the new extension, a dentist and an acupuncture clinic with a view to improve access to wider health care for patients.