

Sunnybank Medical Centre

Inspection report

Town Gate
Wyke
Bradford
BD12 9NG
Tel: 01274424111
Affinitycare.nhs.uk/sunnybank

Date of inspection visit: 2 December 2022
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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 location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Sunnybank Medical Centre on 29 November and 2 December 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective – requires improvement

Caring - good

Responsive - good

Well-led - good

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. This was the first inspection of this provider since they registered with the Care Quality Commission.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews in person and using video conferencing.
- Staff questionnaires sent to staff ahead of the inspection
- Speaking with patients either on site or by telephone.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A shorter site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- Leaders reviewed the effectiveness and appropriateness of the care the service provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a programme of quality improvement, this included clinical audit.

Overall summary

- Staff had the skills, knowledge and experience to deliver effective care.
- The practice had a good understanding of the needs of the local population and delivered services to meet these needs.
- The practice operated effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Leaders and managers in the practice demonstrated they had the capacity and skills to deliver high-quality, sustainable care.
- The segmented care model adopted by the practice had established some dedicated teams designed to meet the needs of the local population. For example, the complex health care teams delivering care to vulnerable and housebound patients and those in residential care, and the availability of assigned duty doctors.
- The practice had a strong focus on community engagement and the delivery of wider population health and wellbeing in conjunction with other partners and stakeholders.

We found a breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients (refer to the requirement notice at the end of the report for more detail).

In addition, the provider **should**:

- Continue to promote and increase uptake of cervical cancer screening.
- Continue to review and redress areas of low patient satisfaction regarding patient consultations and access to services.
- Fully re-establish staff annual appraisal processes.
- Establish and imbed the role of a Freedom to Speak Up Guardian within the practice.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit and spoke with staff using video conferencing facilities and in person. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. The inspection was supported by a second CQC inspector.

Background to Sunnybank Medical Centre

Sunnybank Medical Centre is located in Bradford at:

Town Gate

Wyke

Bradford

West Yorkshire

BD12 9NG

The practice has a branch surgery at:

Cowgill Surgery

Thornaby Drive

Clayton

Bradford

West Yorkshire

BD14 6ES

We visited both of these sites as part of our inspection.

The provider is registered with the CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the West Yorkshire Integrated Care Board and provides services to 15,560 patients under the terms of a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for the delivery of services to the local community.

The practice is part of a wider network of GP practices under the provider Affinity Care, this is a partnership of practices who work together to focus care on the needs of the local population. These practices have come together to form one single partnership with the aim of working more efficiently and effectively.

Information published by the Office for Health Improvement and Disparities, rates the level of deprivation within the practice population as 3, on a scale of 1 to 10. Level 1 represents the highest levels of deprivation and level 10 the lowest.

According to the latest available data, the ethnic make-up of the practice area is 93% White, 3% Asian and 4% originating from black, mixed or other non-white ethnic groups.

Care at the practice and branch surgery is provided by a team of 6 GP partners, 5 salaried GPs, 6 advanced care practitioners/practice nurses, and 4 healthcare assistants, and 5 care coordinators. The clinical team is supported at the practice by a patient services manager, an assistant patient services manager and team of reception/administration staff. Other wider support is available from the central Affinity Care provider organisation. This includes a pharmacy team, and core functions such as human resources.

The practice is open from 8am to 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Affinity Care, where late evening and weekend appointments are available. Out of hours services are provided by Local Care Direct Limited via the NHS 111 service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">Processes were not in place to ensure that patients with long-term conditions or in receipt of high-risk medicines had been monitored or reviewed in line with requirements.Processes had not been put in place to ensure that patient safety alerts and updates had been effectively assessed or actioned.The full vaccination status of staff working in the practice had not been established in line with current guidance. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>