

# Little Horton Medical Centre - City Health Limited

## Inspection report

392 Little Horton Lane  
Bradford  
BD5 0NX  
Tel:

Date of inspection visit: 05 July 2023  
Date of publication: 21/07/2023

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	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	

# Overall summary

We carried out an announced inspection at Little Horton Medical Centre - City Health Limited on 5 July 2023. Little Horton Medical Centre - City Health Limited registered with the Care Quality Commission in July 2019. This was the first inspection of this service and in response to a regulated activity being delivered.

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

The service is contracted to provide 20 hours of enhanced access appointments for the population of 1 Primary Care Network (PCN) in the inner city area of Bradford. (A PCN is a group of practices working together to focus on local patient care). These appointments were delivered Monday to Friday within working hours. At the time of our inspection the service was delivering 16 hours of enhanced access appointments and the additional 4 hours were under review. The service has been delivered since October 2022.

The chairperson of the board is the nominated individual for the service. The nominated individual is registered with the Care Quality Commission and responsible for supervising the management of the regulated activity provided. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were:

- The provider had processes in place to maintain oversight of the hub services and ensure that premises and equipment were safe.
- Staff told us they enjoyed delivering their services and working for the provider. They were kept up to date with information and changes to the service.
- Leaders and staff were exceptionally knowledgeable about issues and priorities relating to the patient population. They were culturally competent and had an in-depth understanding of the challenges faced by patients, and were working to address them.
- The team was collaborative and supportive and worked closely with GP practices, the PCN, stakeholders and other like-minded services, to continually review data and patient utilisation of the clinics which were offered.
- Patient feedback showed that access to appointments was timely and met their needs. The team ensured they were responding to those with the greatest need, from deprived and marginalised communities and reducing health inequalities for patients.

The areas where the provider **should** make improvements are:

# Overall summary

- Continue with plans to enhance the induction process to ensure that the documentation in place fully reflects the support and discussions which take place.
- Take steps to ensure that the quality improvement activity which takes place directly relates to, and reflects the services offered.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC inspector, the team included a second CQC inspector and a CQC specialist advisor.

## Background to Little Horton Medical Centre - City Health Limited

Little Horton Medical Centre - City Health Limited is located at 392 Little Horton Lane Bradford, BD5 0NX. The registered provider of the service is City Health Limited.

Little Horton Medical Centre - City Health Limited, is a not-for-profit federation, currently providing enhanced access services to 9 GP practices in the Bradford area, to a population of approximately 56,000 patients. The member practices are also members of a primary care network (PCN).

Throughout this report the service will be referred to as 'City Health'.

The provider, City Health Limited is registered to deliver the regulated activity: Treatment of disease, disorder or injury. The provider is sub-contracted to deliver 20 hours of enhanced access appointments, within working hours to the local PCN population, to reduce health inequalities and improve access to healthcare. Services for patients are delivered from 2 locations across the district:

- Dr I M Raja & Partner, Little Horton Medical Centre - 392 Little Horton Lane, Bradford, BD5 0NX.
- Manningham Health Centre, Lumb Lane, Bradford BD8 7RT. (At the time of our inspection, Manningham Health Centre was a branch location of Clarendon Medical Centre, 5 Alice Street, Bradford, BD8 7RT.)

City Health provide specific types of contracted services from areas around inner city Bradford with some of the highest levels of deprivation in England, alongside poor morbidity and mortality. The locations were chosen to be central to the population and accessible by foot and public transport. Both locations were visited as part of this inspection.

Enhanced access appointments are available Monday to Friday and at the time of our inspection were as below:

- An acute presentation paediatric clinic for children aged 3-16 years old. Monday to Friday 3.30pm-5.30pm, 40 appointments per week delivered at Dr I M Raja & Partner.
- A phlebotomy (blood taking) clinic for patients aged 5 years old and above. Monday, 12.30pm-3.30pm at Manningham Health Centre.
- Level 1 Diabetes clinic. Thursday, 11.30am-2.30pm at Dr I M Raja & Partner.

The service website can be found at <https://city-health.org>

### How we inspected this service

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

This included:

- Conducting staff interviews using telephone and video conferencing.
- Requesting evidence from the provider.
- A shorter site visit where we spoke with staff and the provider.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## **We rated safe as Good because:**

The provider had effective processes in place for the safe recruitment of staff, and the management and oversight of the premises used for the delivery of the enhanced access services.

We found that care and treatment was provided in a way which kept patients safe.

## **Safety systems and processes**

### **The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider maintained an overview of safety. Comprehensive compliance review visits to the hub sites were undertaken and documented. Oversight of the safe management of the premises was in place and evidenced. The premises were clinically suitable for the treatment of patients.
- There was regular contact between the provider and the managers of the hub sites.
- Appropriate policies and protocols relating to the enhanced access service were centrally maintained on the provider's document management system and were accessible to staff.
- Effective processes were in place in relation to the management, recruitment, training, vaccination status, professional registration and disclosure and barring checks of staff, including those involved in delivering regulated activities. Disclosure and Barring Service (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 provider had systems to safeguard children and vulnerable adults from abuse. Through the digital patient record system used by service and the primary care network (PCN) member practices, the service was able to highlight and view any issues or concerns regarding patients and protect them from neglect and abuse.
- The provider was able to send tasks and communicate effectively with the patient's own GP.
- The provider ensured that hub location facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- 

## **Risks to patients**

### **There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role. Following our inspection the provider made improvements to their induction documentation, to ensure that this fully reflected the support and discussions which all staff told us took place.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections. Provider records evidenced that all staff had completed basic life support and sepsis training.
- There were appropriate indemnity arrangements in place.
- The provider maintained appropriate oversight of the medicines and equipment necessary to deal with medical emergencies at the hub locations. We found these were stored appropriately and checked regularly.

## **Information to deliver safe care and treatment**

### **Staff had the information they needed to deliver safe care and treatment to patients.**

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had protocols and systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients who accessed the enhanced services consented for their record to be shared prior to the appointment taking place.
- Where referrals and further investigations were found to be necessary these were tasked back to the patient's own GP to complete and manage. All practices within the PCN with patients who accessed the service, were aware of, and had agreed to this arrangement.
- The service carried out ongoing monitoring of the enhanced service uptake and reviewed activity. This helped managers to understand health inequalities and the barriers to patients accessing health services.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing emergency medicines and equipment minimised risks.
- The enhanced access service did not hold or administer any medications which required refrigeration or undertake any immunisations.
- Where prescriptions were required, these were sent electronically to the patients' pharmacy of choice and blank prescription forms were not held by the provider. The provider did not directly dispense any medications or hold a supply of controlled drugs.
- The service had carried out a basic audit of antibiotic prescribing.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Contractual arrangements combined with strong professional relationships ensured that provider and hub site responsibilities were clear.
- The service learned from external safety events and patient safety alerts. There was a process in place that ensured the provider working in tandem with the PCN managed, reviewed and disseminated patient safety alerts appropriately.

## Lessons learned and improvements made

### The service had processes in place to learn and make improvements when things went wrong.

- There was a policy and a process for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses and felt confident to do so.
- There were adequate systems in place for reviewing and investigating when things went wrong. A recent significant event in July 2023 was the first one experienced by the service. The provider was able to demonstrate the process by which this would be reviewed, shared and lessons learned.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

# Are services effective?

## **We rated effective as Good because:**

Effective processes were in place to maintain oversight of the competencies and training of staff. The provider worked closely with practices within the primary care network (PCN), and numerous quality improvement activities and audits were completed. These encompassed all patients who could be seen by the provider. Audits were not carried out by City Health in isolation, but in conjunction with other stakeholders.

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with local priorities, current legislation, standards and guidance.**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance. Clinical staff had access to National Institute for Health and Care Excellence (NICE) best practice guidelines and used this information to ensure patient needs were met.
- Following triage and referral into the enhanced access services, patients' immediate and ongoing needs were fully assessed. All appointments offered by the service were face to face.
- Patients who contacted the GP practices supported by the enhanced access service and were appropriate to be seen by the City Health service, were asked for permission to share their electronic patient record. Patients were made aware during the call that the service was offered by a different provider.
- Practice staff were able to make an appointment at the enhanced access service on behalf of the patient.
- We saw no evidence of discrimination when making care and treatment decisions. The clinics were targeted at vulnerable patients and aimed to reduce health inequalities within the city centre, which was noted to be one of the most deprived areas in England. The hub sites were specifically chosen to enhance access in the area covered by the provider and reduce travelling time and cost for patients.

## **Monitoring care and treatment**

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The provider continually reviewed the uptake of clinics and demand to ensure they could respond to the needs of patients. For example, due to data evidencing a low uptake of cervical screening in the city, the service initially provided clinics. A review of this service found the uptake was poor and patient feedback showed a preference to be seen by familiar staff. The provision was reviewed, and diabetes clinics were introduced which had been well received with good utilisation.
- Numerous audits were undertaken in conjunction with other stakeholders. However, these did not always relate directly to the regulated activity.
- The service had reviewed the prescribing of antibiotics at the enhanced access service and had also undertaken a review of clinicians' consultations. At the time of the inspection the provider had not fed back these results to the clinicians and no outcomes or actions were in place.

## **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

# Are services effective?

- The provider maintained an up to date record of skills, qualifications and training of all staff, including those who provided the regulated activity.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC), and staff were up to date with revalidation.
- Staff whose role included the review of patients with diabetes had completed specific training and could demonstrate how they stayed up to date.

## **Coordinating patient care and information sharing**

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients were referred into the service by their own GP and received coordinated and person-centred care. Agreements were in place to ensure effective communication with other services.
- Prior to consultations with the patient, clinicians were granted access to the electronic patient record which ensured they had full knowledge of the patient's health, any relevant test results and their medicines history. This ensured the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective agreements for following up on people or when referrals to other services were required
- Appointment utilisation data showed the present clinics which aimed to reduce health inequalities, promote access to timely health care and reduce unnecessary attendances at the local emergency department were effective.
- For example: the health inequalities clinics where patients could access diabetes reviews and phlebotomy services (blood tests) had an overall utilisation rate in 2023 of 68%. In May and June 2023, provider figures evidenced a utilisation rate of over 98%.
- Paediatric GP appointments were available on the day to support access to appropriate services for children who required appointments later in the day, for example when children were sent home from school. From January 2023 the clinics were offered to children with respiratory issues and had an overall utilisation rate of 80%. These were changed to general paediatric, on the day appointments and evidence showed a utilisation rate for May and June 2023 of 83%.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care. All staff who delivered the regulated activities with patients were familiar with the local area and the support systems which were available.
- The provision of health services within the enhanced access service was consistently reviewed to ensure that it met patient needs
- Where risk factors were identified, this was highlighted to patients and to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.



# Are services effective?

The service monitored the process for seeking consent appropriately. Patients who did not consent for their clinical record to be shared with the provider would not be offered an appointment.

# Are services caring?

## **We rated caring as Good because:**

All staff understood patients' personal, cultural and social needs. They understood the challenges faced by the patient population and displayed a caring and non-judgmental attitude towards patients.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of care patients received via the NHS Friends and Family Test. The test asks how the patient experience was, and would patients recommend the service to their friends and family.
- 25 responses were submitted by patients at the Manningham hub site between January and June 2023 with 80% of patients stating the service was good or excellent.
- 21 responses were submitted by patients who visited the paediatric clinic at Dr I M Raja & Partner, Little Horton Medical Centre in June 2023. 100% of patients were satisfied with the service and comments were exceptionally positive. Clinicians were described as understanding, helpful and reassuring.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- We saw the service had developed a survey which was to be sent by text message to patients after their consultation to enable real time feedback to be collated. The planned survey included questions regarding what additional services patients felt they would benefit from and what type of consultation, for example, face to face, they would prefer in the future. The team had experienced some technological issues which had delayed the implementation of the survey.
- When additional needs were identified during consultations, agreements were in place for the team to refer the patient back to their own GP for them to facilitate this.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Patient feedback showed they were able to make an appointment in a timely manner which met their needs.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. City Health developed services to respond to the needs of the patient population. For example, the paediatric clinics were an additional support for practices and patients and in direct response to the demands of the area where a third of the population were under 19 years of age.
- The chosen locations for service delivery were inner city locations which reflected the highest levels of deprivation alongside poor morbidity and mortality. These locations were chosen to be central to the population and accessible by foot and public transport.
- The provider ensured the facilities and premises at the hub locations were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances and those who experienced health inequalities and had difficulty accessing healthcare could access and use services on an equal basis to others.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients feedback showed timely access to the service.
- All paediatric appointments were offered and completed on the day.
- Data showed that patients could access a phlebotomy appointment with the Healthcare Assistant (HCA) within 2 weeks and most nurse appointments for the diabetes reviews were within a week.
- Patient feedback showed that clinics were managed well, and patients were seen promptly.
- Patients were referred into the service by their own GP with no additional need to make further contacts or appointments.
- Referrals and requests to the persons own GP for additional support were completed in a timely manner.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and had policies and processes in place to respond to them appropriately.**

- Information about how to make a complaint or raise concerns was available. Staff told us they knew how to manage patient complaints and were confident these would be dealt with compassionately.
- The service had not received any complaints since it began in October 2023.
- The service had responded to feedback from patients regarding the service via a 'You said we did' notice and action plan. For example, when patients asked why they had to travel to a hub to access the service, the allocations of the hub was explained, and patients assured this was under regular review.
- The service had a complaint policy and procedures in place. The service also learned lessons from issues which occurred across the primary care network (PCN).

# Are services well-led?

## **We rated well-led as Good because:**

Effective, agreed processes were in place which ensured the provider retained oversight of the hub locations and was able to assess, monitor and mitigate risks to staff and patients.

## **Leadership capacity and capability.**

### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges faced by the patient population and barriers to accessing services. Meeting minutes showed that concerns were consistently discussed and reviewed, and plans were in place to address patient needs.
- Leaders at all levels were visible and approachable. They communicated closely with staff, the primary care network (PCN) and wider stakeholders to make sure they prioritised and delivered compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Board membership had recently been reviewed and included a lay member who had a remit to challenge the board and reflect the public and patient voice.

## **Vision and strategy**

### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service provided care which aimed to tackle health inequalities, improve health outcomes for their population and to support member practices to utilise their resources effectively.
- There was a realistic strategy and supporting business plan to achieve priorities.
- The service had strong links with member practices and had developed its vision, values and strategy jointly with staff and external partners.
- Staff understood the vision, values and strategy and their role in achieving them.
- The team had access to a Freedom to Speak Up Guardian.
- The service continually monitored progress against delivery of the strategy.

## **Culture**

### **The service had a culture of high-quality sustainable care.**

- Staff felt respected, involved and well supported. They were proud to work for the service.
- The service focused on the needs of patients, reducing health inequalities and ensuring timely access to healthcare.
- Leaders and managers told us they would act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated throughout the inspection. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be discussed and addressed.
- In conjunction with the staff members' permanent place of work and the PCN, the provider ensured that processes were in place to provide all staff with the development they needed. This included appraisal and career development conversations. Clinical staff, including nurses, were considered valued members of the team.
- The service actively promoted equality and diversity.
- There were strong, positive and professional relationships between staff and teams.

# Are services well-led?

## Governance arrangements

### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The provider collaborated closely with other key stakeholders in the locality through a network of meetings to plan and develop services which reduced health inequalities in the patient population.
- Staff were clear on their roles and accountabilities and told us they felt valued and supported.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider was registered as a data controller with the Information Commissioner's Office.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. These were continually reviewed.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was effective governance and oversight of process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations.
- Leaders and clinical staff had oversight of safety alerts, incidents, and complaints. We saw there was an effective process in place to review and act on safety alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients both within City Health and across the wider health network. There was clear evidence of action to change services to improve quality, access and respond to patient needs.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

# Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Patient surveys were undertaken, and the provider had firm plans to introduce additional ways for patients to feedback regarding their experience.
- A joint monthly newsletter was published by the PCN and City Health Limited. This was shared with staff and highlighted staff roles, health awareness weeks, and encouraged staff feedback.
- Staff could describe to us the systems in place to give feedback, and held regular one to one discussions with senior leaders. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to those findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There were systems and processes for learning, continuous improvement and innovation.**

- The vision of the service over the next 3 years was to collaborate closely with other similar services and neighbouring providers. This would promote efficiency in primary care through a shared resource model and provide strong leadership for primary care in the wider health care system to shape and renegotiate services.
- Leaders from the organisation had also undertaken research to investigate the effectiveness of pharmacist-led interventions in general practice in optimising the oral anticoagulation therapies in atrial fibrillation. Plans to increase the services offered were under discussion.
- The team had also reported on a quality improvement programme in primary care, to improve the outcomes of patients with chronic obstructive pulmonary disease (COPD).