

Kensington Partnership

Inspection report

Kensington Street Health Centre
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating Good -18 May 2016).

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Kensington Partnership on 18 July 2018. The inspection was undertaken as part of our inspection regime and in response to changes within the practice which incorporated a previous location, Mughal Medical Centre. Mughal Medical Centre was rated as requires improvement for providing safe and well led services at their last inspection on 14 March 2017.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice reviewed any issues at regular meetings, learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided except for in relation to circumcisions. Patient needs were discussed regularly within the team and with stakeholders. A clear strategy was in place.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The majority of patients found the appointment system easier to use, following the introduction of a new telephone system. Patients said they were able to access care when they needed it.
- The practice had a functioning patient participation group (PPG) which was integral to the running of the practice. The group reviewed comments, complaints, staffing needs and feedback. Meetings were held regularly and attended by a number of staff.

We saw areas of outstanding practice:

- The practice and the patient participation group (PPG) had undertaken a number of surveys in 2017 which individuals who were reflective of the patient population. A patient and carer survey was undertaken in relation to access and the practice had also surveyed 140 students at two local schools. The aim of these surveys was not just to question the students registered at the practice but to understand and enable the practice to respond to the experiences of young people in primary care. We saw that changes were made as a result of these surveys following a review of the results with the PPG.
- We saw that the strong leadership and vision of the practice was to 'future proof' services to meet complex patients' needs in a highly deprived area. There was a unified focus and commitment to staff support and development. Leaders at the practice supported the learning and development of students and a large number of team members at all levels of study, offering opportunities outside their current roles. We were told that leaders were approachable and encouraging.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Care and treatment must be provided in a safe way for service users.

The areas where the provider should make improvements are:

- Staff should continue to review and update the training of the staff team and ensure that it reflects the practice policy.
- The provider should continue to review access to the service and ensure that patients are able to access appointments in a way which meets their needs.

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Kensington Partnership

Kensington Partnership provides services for 13,686 patients from Kensington Street Health Centre, Bradford, BD8 9LB. Kensington Partnership is situated within a purpose-built building with car parking available. It has a hearing loop and disabled access and facilities.

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

Kensington Partnership is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning and maternity and midwifery services.

The practice has two branch surgeries. The Lower Grange Medical Centre branch is situated approximately two miles from the main location on Charteris Road, Bradford, BD8 0QN. The Mughal Medical Centre branch surgery is located approximately 1.5 miles from the main location. This branch was previously registered as a separate location with the CQC and at their last inspection on 14 March 2017 was rated as requires improvement.

All three locations are accessible by public transport and have a pharmacy close to the surgery.

There is a lower than average number of patients over the age of 45, than the national average; which is in common with the characteristics of the Bradford City area. The National General Practice Profile states that 60% of the practice population is from an Asian background with a further 7% of the population originating from black, mixed or non-white ethnic groups. The practice has an annual patient turnover of 8%.

Across the provider there are eight GP partners, six of whom are male and two are female, two female Advanced Nurse Practitioners (ANP's) four trainee ANPs, three female practice nurses, five healthcare assistants and three substance misuse practitioners. The clinical team is supported by a business manager and a practice manager at each location. There are also assistant practice managers, a data analyst, two pharmacists and a team of administrative staff.

The characteristics of the staff team are reflective of the population it serves and they are able to converse in several languages including those widely used by the patients, Urdu, Punjabi, Pushto, English, Polish and Slovakian.

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.

The main location, Kensington Partnership practice, is open at 8am each day and closes at 6.30pm Monday, Tuesday, Thursday and Friday with appointments available between 8.30am and 6.30pm. On a Wednesday the practice offers extended hours appointments until 8.30pm.

Appointments are also available at the Lower Grange location Monday to Friday between 8am and 1.00pm except Wednesday when it is open until 5.30pm. Opening hours at the Mughal Medical Centre branch are 8am until 6.30pm.

In addition, patients can access extended hours clinics at three locations across the city between 6.30pm and 9.30pm Monday to Friday. Appointments are also available between 10am and 1pm on a Saturday and Sunday.

When the surgery is closed patients are advised of the NHS 111 service for non –urgent medical advice.

We saw that the provider was displaying their previously awarded ratings.

Are services safe?

We rated the practice as requires improvement for providing safe services.

We rated the practice as requires improvement because:

- The registered person had not done all that was reasonably practicable to ensure the safety of young children undergoing circumcision at the practice. We did not see that the practitioner had considered safeguarding issues or that outcomes were reviewed to ensure that a high-quality service was maintained. The provider must ensure that recent improvements made become embedded into the practice.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and were knowledgeable about issues within the practice. Regular safeguarding meetings were held with members of the multidisciplinary team. GPs were trained to safeguarding level three.
- Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There were effective and organised systems in place to manage infection prevention and control across all three locations.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety. However, on the day of inspection we saw these did not always reflect best practice guidance.

- Ongoing arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. We were told that access and demand were regularly reviewed.
- Significant event analysis meetings were held every three months and we saw that issues were discussed by the staff team and outcomes and actions documented.
- We saw one GP partner at the practice offered the non-therapeutic circumcision of male children regardless of their registration with the practice. We reviewed three patients registered with the practice where consent had been given by both parents via a signature. It was not possible from the signatures to confirm that both parents had consented to the procedure. Despite assurances given to the CQC in October 2016 we did not see that the practitioner had audited the procedure to enable the review of any issues such as infection rates. We were told that feedback forms were completed but the results of these had not been collated.
- We saw that after care guidelines were in place with a mobile number available for support. However, when patient's notes were reviewed we did not see that the current health status, safeguarding status or identity of the parents or child were reviewed. On the day of inspection, we were assured by a partner at the practice that this procedure would be managed in the future in line with other surgical procedures carried out at the practice.
- Following our inspection; this procedure was discussed at a partners' meeting and we saw that a template had been developed for future use. The template required the completion of a number of fields. This included:
 - confirmation of the identity of both parents
 - the name of the chaperone
 - a written consent form
 - details of the procedure
 - instruments used and drug expiry dates etc.
 - feeding method and weight of child.
 - The form confirmed that the practitioner had discussed the risk of the procedure with both parents.

Are services safe?

- However, we could not be assured that this template was embedded into the practice or how the practitioner would record the procedure for patients not registered at the practice.
- There was an effective induction system for temporary staff tailored to their role. The practice was offering a number of training and development opportunities to staff at all levels, with a view to using less temporary and locum staff in the future.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. We saw that training in the management of sepsis continued to be rolled out to the team.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. Templates and reminders developed within the IT systems kept people safe.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing, which was higher than the national average and taken action to support good antimicrobial stewardship in line with local and national guidance by discussing this with the prescribers concerned in meetings.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had an overall good track record on safety.

- There were risk assessments in place in relation to safety issues.
- The practice monitored and reviewed activity, with the exception of monitoring performance for the procedure of circumcision. This helped it to understand risks and gave an overall clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us of an open-door policy and said they would be confident to approach leaders and managers to discuss any concerns.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons at regular meetings, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had a system to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We did not see this for the procedure of carrying out circumcisions.

We saw evidence that new ways of working were discussed in staff meetings.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs, social needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used a number of additional, service developed templates to aid navigation through the computer systems. We saw 'pop-ups' and prompts for clinicians which ensured that relevant tests, treatments and referrals would not be missed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty and a register was kept of these patients. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans were updated to reflect any extra or changed needs. Changes to medications were reviewed by the pharmacist to ensure that repeat prescriptions continued to meet patient needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice undertook advanced care planning and after-death analysis, to evaluate how many patients' wishes had been upheld.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. We saw that 72% of patients with a diagnosis of diabetes had undergone all "9 Care Processes" checks (CCG target 65%). These are a series of checks recommended for people over the age of 12 with diabetes. The CCG has the highest prevalence of patients with diabetes in the country and we were told the practice had the highest prevalence of patients with diabetes within the CCG.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). Patients could also opportunistically use a hand-held device located in reception to assess their risk of atrial fibrillation.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above. For children aged one year, the practice was slightly below the recommended target. The practice would contact patients as necessary to remind them to attend and ran regular reports to ensure that parents were invited to bring their children. If concerns were raised the practice liaised with the health visitor.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care.

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

Are services effective?

- The practice's uptake for cervical screening was 66%, which was below the 80% coverage target for the national screening programme but above the CCG average of 62%.
- The practice's uptake for breast and bowel cancer screening was above or comparable to CCG averages but below the national average.
- The practice were aware of low uptake rates and were continually looking at how they could promote screening and improve uptake rates. The care navigator was involved in a research project to review why Asian people accessed cancer screening services, particularly cervical screening, less than some other patient groups. This experience and knowledge was used to provide information to patients and to encourage and support them to attend screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medication or collect their prescriptions.
- The practice provided a confidential listening service for people with mental health needs including young people. When young people presented at the practice with mental health concerns, usually with a parent or guardian, they were encouraged and supported to attend further appointments on their own.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements. We saw that alerts and best practice guidance were reviewed at meetings.
- The practice proactively created templates, reminders and 'pop-ups' for clinicians following reviews or audits to ensure that all aspects of a consultation met best practice guidelines.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives and research opportunities.

Effective staffing

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

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We saw that patients were reviewed appropriately and regular meetings were attended by specialist nursing staff.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.
- The care navigator offered additional support to patients including telephone and face-to-face consultations. The majority of patients seen by the care navigator did not have English as a first language and were assisted to find support and local services.

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

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. We saw that some staff were out of date with their mandatory training. For example: fire safety and Infection prevention and control, as per practice policy. We were assured this was under review due to the current merger and staff were being encouraged to complete the required training.
- Staff were offered opportunities to develop. They were actively encouraged, supported, and mentored by leaders at the practice. The recent merger of locations had meant that additional development opportunities had been available to the non-clinical team.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to prioritise the needs of patients and provide effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in discussing, assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals, organisations and stakeholders when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors

and community services for children who have relocated into the local area. The practice had been involved in a community project called 'Welcoming New Arrivals' in the local area.

- Patients received coordinated and person-centred care. Their care was coordinated when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to agree and develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives. They were knowledgeable about the local community and participated in projects at a local and national level to improve patient wellbeing.

- The practice employed a care navigator to support patients with their social needs. Clinicians also identified patients who may be in need of extra support and directed them to the care navigator or to voluntary services within the local area.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health. Patients were able to check their risk of atrial fibrillation using a quick diagnostic tool and also their weight, blood pressure and body mass index at any time during surgery opening hours. The results slip could then be handed to the receptionist and the patient followed up if necessary.
- Staff discussed changes to care or treatment with patients, families and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The patient engagement lead had worked with a number of community projects throughout the year including women's projects.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making, the IT system supported the documentation of consent.
- Staff had received training in confidentiality and consent and were aware of the need to request consent to share records with referrals as per the new regulation, GDPR (General Data Protection Regulation).
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had attended training in this area.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We saw positive examples of kind staff interactions.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- On the day of inspection, we observed reception staff at the practice respond immediately in a calm and caring manner to a distressed patient who attended the practice without an appointment. Arrangements were made for the person to be seen by a clinician without delay.
- The practice had developed the role of the care navigator within the team. The part-time member of staff would review attendances at accident and emergency. Following a review of the same patients by the GPs, they would contact the patients and ask if there was any help and support they could provide. The care navigator was a contact point for referrals to voluntary services and they liaised with the patient engagement lead and the patient participation group (PPG).

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids, such as a hearing loop and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. The care navigator and the patient engagement lead had forged strong links with local voluntary services.
- The practice proactively identified carers and supported them. The practice newsletter encouraged engagement with carers and events had been held to encourage carers to come forward.

Privacy and dignity

The practice respected patients' privacy and dignity.

- We saw that the waiting areas at all three sites were arranged to give patients the maximum amount of privacy available when speaking with reception staff at the desk.
- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all the population groups, good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. As part of a GP alliance the practice were involved in the Primary Care Home model within Bradford. This model aimed to bring together a range of health and social care providers, who worked collaboratively, identified local population needs and provided care closer to home, for example the extended appointment hours access.
- One of the GP partners was a member of the Clinical Commissioning Group (CCG) board and the practice was involved in a range of CCG led initiatives including Bradford Breathing Better, which aimed to improve the pathways of care from diagnosis: ensuring improved management of respiratory diseases for patients.
- The facilities and premises at all sites were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. A wheelchair was available for patients who may struggle to mobilise around the practice.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice and patients could make appointments with the care navigator or the patient engagement lead if they needed assistance.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was regularly reviewed with the relevant professionals.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments when needed. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to poor mobility or illness or if the patient lived in a care home.

- The practice liaised with the local pharmacies to arrange a medicines delivery service for housebound patients.
- The practice supported approximately 70 care home residents. The GP and a trainee ANP visited the homes weekly and one home manager told us that each resident was reviewed every two weeks.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice offered level 2 and level 3 diabetic clinics. This meant that complex diabetic care could be offered at the practice without the cost implications for patients of attending the local hospital or a specialist clinic.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were comprehensive systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this. The practice met regularly with health visitors and would contact them with any concerns as and when appropriate.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice was able to respond to local demand and offer the non-therapeutic circumcision of male children.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended opening hours were available seven days a week at three sites across the city and on a Wednesday until 8.30pm at the practice. Patients could see a number of health professionals at these appointments
- Telephone triage appointments were available.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- The practice supported a complex group of patients from a nearby residential provision; they worked closely with the staff from the service to formulate risk assessments to enable the patients to attend the surgery when necessary.
- We were told that staff would hold joint meetings with the social prescriber and vulnerable patients to review their support needs.
- The patient engagement lead had attended meetings designed to support carers and was reviewing how the practice could support young carers.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including refugees and those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. We saw that all members of the team had completed dementia awareness training.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The average number of times a person visits their GP in a year is five. CCG statistics showed that in Bradford City the average number of visits is between nine and 11.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported that the appointment system had improved and was easier to use. However, issues remained with contacting the surgery by telephone.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The practice displayed 'You said, we did' information at all three locations. The boards included information of where changes had been made in response to suggestions from patients, for example changes to the telephone system and new signage.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the services, the environment and the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

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 both locally and nationally. They understood the challenges and were working to proactively address them.
- Leaders at all levels were visible and approachable. They worked closely with staff, patient representatives and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values which had been communicated widely to the staff and was available for patients. The practice had a realistic strategy and supporting business plans to achieve priorities. This was reviewed monthly by the partners and the business manager.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population. The practice was also investing in training and development to secure a stable, future workforce which could meet patient needs.
- The strategy, improvement plans and future developments were shared with the team and the patient participation group (PPG).
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice prioritised the health and social needs of patients and their families within the local community.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw that issues were discussed at partners' meetings.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Numerous staff were being supported to develop and enhance their skills, this included staff who were being supported to become healthcare assistants and advanced nurse practitioners.
- The practice supported the training of FY2 doctors (Foundation Year 2) who were attached to the practice for four months. The practice was also involved in the further training of doctors (already fully qualified and with several years of hospital experience) who intend to make a career in General Practice. Kensington Partnership were currently the only general practice within the CCG who were currently providing training for doctors.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. Staff who were taking on extra responsibilities as their training progressed had ongoing support on site at all times and attended de-brief sessions after clinics with a senior team member.
- The practice actively promoted equality and diversity. All staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. We were told that despite initial reservations, during the recent merger of practices, staff had been assured by the open and honest communications and discussions which took place.

Governance arrangements

Are services well-led?

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 governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Managers and leaders within the service were allocated specific roles and areas of responsibility which complimented their skills.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. A staff handbook was available to all staff which included information, protocols, 'how to do' information and details such as the storage of emergency drugs at all three locations.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw that these were up to date and reflective of the service.

Managing risks, issues and performance

Overall, during our inspection, with the exception of the procedure of circumcision, we found there were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. On the day of inspection partners at the practice said that they would ensure that documentation relating to the undertaking of circumcisions which were carried out at the practice would be reviewed.
- The practice had clear strategies, plans and processes to manage current and future performance. Practice leaders had an embedded and organised approach to the management of safety alerts, incidents, and complaints and ensured these were shared with the staff team.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality, which included the further development of the IT system to ensure best practice was followed.

- The practice had a business continuity plan in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was regularly discussed with patient representatives and action plans developed.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. Staff were allocated lead roles which reflected their skills.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. The practice had developed a number of specific templates and protocols within the systems to guide staff and ensure that care and treatment reflected best practice.
- The practice 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.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG). Several members of the staff team attended PPG meetings and the minutes of the meetings were available in the waiting area for all patients.

Are services well-led?

- The practice had undertaken two patient surveys in the last year which included one which had been led by the PPG. The practice had, in addition to this, surveyed two local schools to gain their views on GP services.
- The service was transparent, collaborative and open with stakeholders about performance. They had liaised closely with the CCG during the merger of the branch site and information was available to staff and patients about the changes.
- The practice engagement lead had links to the local community and had attended local community events to encourage self-care. Links had also been forged with a local children's centre and the engagement lead attended to explain about health services and what support patients could access.
- The team were currently participating in a research project with a large university. Additionally, the care navigator was using links to a local university to encourage and understand the issues with the uptake of screening at the practice.
- The practice were investing in staff development and training with a view to reducing temporary staff and meeting the needs of patients in the future. Staff were allocated mentors and protected time for support and reviews.
- The practice leaders were clear that their vision was to provide a sustainable quality practice that would meet patient needs in the future and they were working towards this.

Please refer to the evidence tables for further information.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation and a strong commitment to this.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <p>The registered person had not done everything that was reasonably practicable to ensure the safety of young children undergoing circumcision at the practice. We did not see that the practitioner had considered safeguarding issues or that outcomes were reviewed to ensure that a high-quality service was maintained. The provider must ensure that recent improvements become embedded into the practice.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>