# Bradford Care Alliance CIC

## Inspection report

The Ridge Medical 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? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Overall summary

**This service is rated as Good overall.** (Previous inspection 29 June 2021- Requires Improvement)

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

We carried out an announced comprehensive inspection of Bradford Care Alliance CIC between the 8 and 10 August 2022. This inspection was carried out to review the breach of regulations and the concerns identified at the inspection on 29 June 2021.

At this inspection we found:

At the previous inspection in June 2021 we rated the provider as requires improvement overall and requires improvement for providing safe, effective and well-led services. We rated the provider as good for providing caring and responsive services. At this inspection we found the provider had responded to our concerns and made significant improvements following our last inspection.

For example:

- The provider had developed processes to maintain oversight of the hub sites. Systems were in place to ensure that premises and equipment were safe.
- The provider had implemented effective processes to manage the recruitment and training of staff.
- The provider had reviewed their systems to manage risk and respond to concerns and complaints. When incidents did happen, the provider learned from them and improved their processes. This information was shared with staff via bulletins and regular emails.
- Patients reported that they were able to access care when they needed it. Feedback from patients regarding the services provided was positive.
- The practice operated effectively to ensure good governance in accordance with the fundamental standards of care.
- Staff told us they enjoyed working for the provider and were kept up to date with information and changes to the service.

We saw one area of outstanding practice:

The service was commissioned to provide the primary care streaming service (PCSS) offered at the local hospital. We found strong, professional and reciprocal relationships between the team and the staff working within the emergency department (ED) which kept patients safe. Safety netting arrangements were in place for patients when they presented

# Overall summary

and when they moved between the PCSS and the ED. Continual assessment of the patients needs was in place and regular communication and attendance at afternoon ED 'huddles' (short meetings to review patient flow, presentation, staffing and safety) gave a clear clinical picture of any challenges or issues. An oversight of quality and safety was in place and embedded into the team.

**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. The team included a CQC GP specialist adviser.

## Background to Bradford Care Alliance CIC

Bradford Care Alliance CIC is a community interest, general practice membership organisation which was established in 2016 and registered with the Care Quality Commission in April 2017. The registered location is The Ridge Medical Centre, Cousen Road, Bradford, BD7 3JX.

Bradford Care Alliance CIC (BCA) is made up of 55 practices which incorporates 9 Primary Care Networks (PCNs) providing services in the Bradford area, covering an approximate population of 470,000 patients.

BCA is the extended access and extended hours contract holder for the Bradford based PCNs for NHS West Yorkshire Integrated Care Board which was formerly Bradford District and Craven Clinical Commissioning Group. This report refers to this joint provision as extended access.

In 2018 the CCG also commissioned BCA to provide a primary care streaming service in the emergency department of the local hospital. Both of these services were reviewed as part of our inspection.

BCA subcontract staff from a number of different providers. They contract directly with the registered providers of the hub locations for use of their premises.

Bradford Care Alliance CIC, also sub-contract directly with voluntary care sector services who provide mental health triage and support appointments and young people's counselling appointments. We have not inspected these services, as under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these services do not fall under the Care Quality Commission's scope of registration.

The provider location and administrative centre operates from Scorex House, 1 Bolton Road, Bradford, BD1 4AS. The organisation is led by a Chair who is supported by the CQC Registered Manager, the Corporate Director, a Strategic Director, Medical Director, Clinical Director and a Chief Operating Officer. There is also a lay member of the board. Changes to the board were being made at the time of our inspection.

Bradford Care Alliance CIC is registered to deliver the regulated activities:

• Treatment of disease, disorder or injury

• Diagnostic and screening procedures.

Patient care for the extended access service is delivered from eight locations (hubs) in the district,

- The Ridge Medical Practice, Cousen Road, Bradford, BD7 3JX
- Shipley Medical Practice, Alexandra Road, Shipley, BD18 3EG
- Picton Medical Centre, 50 Heaton Road, Manningham, Bradford, BD8 8RA
- Bowling Highfield Medical Practice, Bowling Hall, Rooley Lane, Bradford BD4 7SS
- Moorside Surgery, 370 Dudley Hill Road, Eccleshill, Bradford BD2 3AA
- Park Grange Medical Centre, 141 Woodhead Road, Bradford BD7 2BL
- Bingley Medical Practice, Canalside Health Care Centre, 2 Kingsway, Bingley BD16 4RP
- New Otley Road Medical Practice, Hillside Bridge Health Centre, 4 Butler St W, Bradford BD3 0BS.

The primary care streaming service (PCSS) offers support to patients who attend the emergency department located within the Bradford Royal Infirmary, Duckworth Lane, Bradford, BD9 6RJ. Patients are reviewed on arrival in the emergency department and triaged as suitable to be seen by a GP, further assessment is then conducted, and patients are directed to the primary care streaming service. Where appropriate and throughout the report the PCSS will be included in any reference to a hub site.

During this inspection we visited the PCSS at the Bradford Royal Infirmary, and three hub sites located at Moorside Surgery, Bingley Medical Practice and The Ridge Medical Practice.

Extended access appointments are available at various sites throughout the week between 6:30pm and 9:30pm. Weekend appointments are offered from Picton medical Centre 9am and 5pm on a Saturday and between 10am and 2pm on a Sunday. On weekdays patients can access:

• Telephone and face to face GP consultations

• Blood tests (phlebotomy) for patients aged 16 years and above

• Cervical screening appointments

• Physiotherapy first for patients aged 16 years and above

GP appointments are offered over the weekend and a phlebotomy service is offered for half a day on a Saturday.

Appointments at the PCSS are available from 12 noon to 12 midnight, seven days per week, 365 days a year.

The extended access service at all locations is provided by a number of GPs, nursing staff, healthcare assistants, physiotherapists and a range of voluntary care sector practitioners. Some staff work at multiple sites and some at one site. Two reception staff are located at each of the patient facing sites during operational hours.

Bradford is a young, diverse city and there are high levels of deprivation within the area. Above average numbers of patients present with heart disease, mental health issues and some long-term conditions. For example, 33,280 patients have been diagnosed with diabetes by their GP.

Participating practices are allocated a pro-rata allowance for appointments, per 1,000 patients per week and this is closely monitored. There are parking facilities at all sites. All hub locations are accessible by public transport and can be easily accessed by patients with limited mobility.

Good

# Are services safe?

**We rated the service as good for providing safe services.**

At the inspection in June 2021 we rated the provider as requires improvement for providing safe services. At this inspection, we found the provider had responded to our previous concerns and had implemented effective processes in relation to the safe recruitment of staff, and the management and oversight of the premises used by the provider at the hub locations. We found that care and treatment was provided in a way which kept patients safe.

**Safety systems and processes**

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

- At the inspection in June 2021 we found that effective systems to oversee health and safety issues at all hub sites were not in place. At this inspection in August 2022, we found the provider had introduced twice yearly compliance review visits to all hub sites including the primary care streaming service (PCSS). Additionally, 'spot checks' of hub sites were undertaken. Oversight of the safe management of the premises was in place and evidenced. There was regular contact between the provider and the managers of the hub sites.
- At the inspection in June 2021, the provider had not ensured that policies and procedures were reflective of the needs of the organisation, effectively shared with, communicated to, or embedded into the team. At this inspection in August 2022, we found that appropriate policies and protocols relating to the extended access service and the PCSS were retained at each site and accessible to staff.
- At the inspection in June 2021 the provider did not have effective processes in place in relation to the management, recruitment, training, appraisal, vaccination status, professional registration and disclosure and barring checks of staff involved in delivering regulated activities. This included a review of Disclosure and Barring Service (DBS) checks. (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.) At this inspection in August 2022, the provider evidenced a functioning system to monitor and maintain oversight of the staff working in the hub sites. This included a record of their mandatory training, competencies and vaccination status. The rota management system used by the provider blocked staff from picking up shifts if their mandatory training was out of date. A clear induction process was followed, and new starters shadowed a peer prior to seeing patients.
- The provider had systems to safeguard children and vulnerable adults from abuse. To avoid uncertainty staff were directed to the location policy in place at the hub site whilst working in services. Additionally, laminated posters were in place to direct staff to the safeguarding leads of the organisation. Staff told us this felt safe.
- Through the digital patient record system used by all the hub sites 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. These were reviewed daily by the management team to ensure they were seen, reviewed and managed in the practices. Safeguarding meetings were in place.
- There was an effective system to manage infection prevention and control (IPC). The provider requested evidence that IPC audits and action plans were in place for each hub site.
- The premises were clinically suitable for the assessment and treatment of patients. When issues were identified these were reflected on the service risk register.
- 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.

Good

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. When the service struggled to provide the necessary number of appointments due to holidays or sickness, additional appointments would be offered as soon as this was possible to manage any residual demand.
- Appointments could be booked up to 14 days in advance for example for a cervical smear or bloods; 50% of GP appointments were pre-bookable five days in advance and 50% could be booked on the day.
- There was an effective induction system for temporary staff tailored to their role. The provider used locum GPs when necessary. Evidence of safe recruitment, training and competencies were reviewed by the Service Development and Governance Manager.
- 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, for example sepsis. Patients were seen promptly when they attended for appointments.
- Systems were in place for those patients, following triage and referral to PCSS, who required care and treatment in the ED. Patients' details were retained on the ED system and for those who needed additional support, or their condition deteriorated, they would be referred back into the ED. Patients did not 'lose their place' or return to the back of the queue but were seen in order of attendance. When concerns were raised by consulting GPs to the ED staff team, these were responded to in a timely manner.

**Information to deliver safe care and treatment**

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

- 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.
- Two clinical systems were used to manage patient information in the ED and PCSS. Clinicians had access to both systems, and this assisted in the safe management of patients, communication with the ED and the patient's own GP practice. We found the management of these systems and the reciprocal plans in place kept people safe. Patients were not discharged from either system until they left the department, so could not get 'lost' between departments or systems.
- Patients who accessed the extended access service consented for their record to be shared prior to the appointment. The full patient record was available to staff working in services and systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment were in place. Concerns, tasks and the outcomes from blood tests and cervical screening were shared with the patient's own practice and monitored by the provider.
- A computer programme was embedded into the patient record called 'GP assist'. This assisted clinicians to make appropriate and timely referrals in line with protocols and be assured they were in line with up to date, evidence-based guidance.
- At the inspection in June 2021 we found the provider did not have effective systems and processes in place to ensure that policies and procedures were reflective of the service and covered the full range of activity expected of the provider. At this inspection in August 2022 we found that policies were reflective of the needs of the organisation, effectively shared with, communicated to, and embedded into the team.

**Safe and appropriate use of medicines**

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, minimised risks. The service audited emergency medicines during compliance visits to the hub sites.
- The service did not hold or administer any medicines which required refrigeration or undertake immunisations.
- The service did not dispense any medicines and did not hold controlled drugs.

Good

# Are services safe?

- Patient prescriptions were sent electronically to a pharmacy of the patients choosing.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The service had audited antimicrobial prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship.

**Track record on safety**

The service had improved their safety record.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Joint reviews of incidents were carried out with partner organisations, including the emergency department, practice leaders where the hub sites were located and organisations which were subcontracted to provide staff to offer regulated activities.
- Contracts were in place with the hub sites which detailed the provider and hub site responsibilities in relation to the premises.
- The service learned from external safety events and patient safety alerts. At the inspection in June 2021 we did not see a functioning system or process in place to manage, review or disseminate safety alerts. At this inspection in August 2022, the service had implemented an effective system to act and respond to alerts. Alerts were evidenced on the service records management system and shared with staff who were delivering regulated activities. The provider evidenced responses to recent alerts such as that which concerned the monkeypox outbreak.

**Lessons learned and improvements made**

The service had improved their systems and learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and were aware of how to access information.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons with staff and stakeholders, identified themes and took action to improve safety in the service, as necessary.

Good

# Are services effective?

**We rated the service as good for providing effective services.**

At the inspection in June 2021 we rated Bradford Care Alliance CIC as requires improvement for providing effective services. At this inspection in August 2022 we found the provider had a quality improvement audit programme in place and had implemented effective process to monitor the performance and competencies of staff, communicate with them and inform them of any changes and updates.

**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 current legislation, standards and guidance supported by clear clinical pathways and protocols.**

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. When patients in the extended access service were allocated a telephone appointment but were then found to need more support, they were redirected to a face to face appointment the same evening.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. There were numerous avenues of communication and support utilised in the PCSS which supported the safe management of patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Practice staff who worked at the hub sites during the day, were able to make a direct appointment on behalf of the patient into the extended access service. Patients were told this service was managed by a different provider and consent to share the patient record was obtained.

**Monitoring care and treatment**

- The service was commissioned to provide 60 minutes of primary medical services within the extended access service per 1,000 patients, which equated to 472 hours per week. This was regularly reviewed with NHS West Yorkshire Integrated Care Board (the commissioner).
- The service had regularly been unable to meet the target due to workforce pressures, but information from the commissioner showed the service was closer to meetings the target than previously. In June 2021 the service delivered 83% of their contracted appointments, in June 2022 this had risen to 98%. Performance in terms of service delivery was better overall in 2022 than 2021. The provider had actions in place to improve performance. They had continued to support new staff to join the service and used locum staff as necessary.
- In July 2022 the PCSS saw 1256 patients, 861 of these were adults, 395 were children. The service could evidence that:
  - 959 of these patients were discharged home.
  - 96 patients were admitted to hospital
  - 109 patients were referred back to the ED when they were found to be inappropriately referred to the service or their needs were found to be more complex than initial assessment showed. 17 patients were referred to other services. An additional 75 patients were noted to have another outcome, this could mean they had chosen to leave the department before they were seen.
  - Between July 2021 and July 2022, information from the provider showed that only one patient had breached the 4 hour wait target. Any patients whose care provided breached the four hour wait target were reviewed at a safeguarding meeting, any concerns which were identified were shared with the hospital trust.
- The provider had an audit schedule in place and had introduced a regular clinical notes audit which was undertaken by clinical leads. Issues or concerns were fedback to the clinician.
- Recent audits of patient consultations also found that there was a continued need to offer telephone appointments to meet patient needs.

Good

# Are services effective?

- The provider also audited activity at the hub sites to review the provision and fed back to the ED leads when issues with identified through data and audits in the PCSS.
- The service reviewed the demand for appointments and was pro-actively involved in designing services to meet the needs of the local population. It ensured that access to appointments was fair and equitable amongst member practices and each hub location had been carefully chosen to promote equitable access across the city.
- The provider was able to review the uptake of appointments and see trends in demand and usage, which enabled them to plan future services in conjunction with commissioners.

**Effective staffing**

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

- The provider had an induction programme for all newly appointed staff which took place at the relevant hub site. This covered such topics as housekeeping, fire, and emergency medications. All staff we spoke with told us they had completed an induction.
- The provider ensured that all staff worked within their scope of practice; qualifications and competencies were documented. Clinical staff told us there was a GP on site at all times to assist with queries or any issues during extended access appointments.
- All staff were appropriately qualified. The provider understood the learning needs of staff and mandatory training was in place. Training was often completed at the staff members' usual place of work, but evidence of compliance with the mandatory training requirements of BCA was recorded.
- The provider provided staff with ongoing support. BCA managers were available throughout the extended access sessions, and staff told us they were supportive and helpful. Regular visits to the hub sites were also made during extended access sessions.
- Appraisals were completed for BCA staff and development plans were in place. For staff who were employed to deliver the regulated activities, appraisals were undertaken by their usual place of work. BCA managers told us they would liaise with the management team of the hub site and identify any staffing issues through their relationship with the subcontractors who provided the staff. Since the last inspection in June 2021, we saw these relationships were embedded into working practice.
- Staff told us they felt supported and knew who to contact to raise any issues or concerns.

**Coordinating care and treatment**

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

- Meeting minutes reflected that all appropriate staff, including those in different teams, individual GP practices, primary care networks, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Clinicians who cared for patients in the extended access service were able to view the full patient record.
- Where patients were seen in the PCSS, the full patient record was visible for all patients registered with any GP practice operating the widely used clinical records system. Supporting information was also available to clinicians on the ED records system. This service was accessible to all patients regardless of where they lived.
- Staff communicated promptly with the patient's registered GP's and made the GP aware of the need for further action if necessary. There were established pathways for staff to follow and ensure patients were referred to other services as required, for example to secondary care or physiotherapy. Two practice managers we met during the inspection told us of safe and effective working relationships between their service and the BCA management team.

Good

# Are services effective?

- Appointments were pre-booked by the patients own GP practice, with advance and book on the day appointments available. For patients who had pre-booked an appointment; the service offered a courtesy call before the appointment to remind the patient of the time and venue.

**Helping 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.

- The service identified patients who may be in need of extra support. Staff told us they had the time and opportunity to talk to patients during consultations and ensure their needs were met.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this. The staff working in the service to deliver the regulated activities usually worked within the local area and were aware of avenues of clinical, social and voluntary support in the area.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. We saw that the standard operating procedures which were in place for the management of test results and blood tests were understood by staff and kept people safe.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. We saw a clearly defined clinical assessment process to support patient care in the PCSS.

**Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately. Patients who did not consent for their clinical record to be shared with clinicians in the extended access service would not be offered an appointment.

Good

# Are services caring?

**We rated the service as good for caring.**

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Bradford Care Alliance CIC operates as a community interest company and therefore a not for profit organisation. Meeting minutes reflected how monies would be spent to respond to wider patients' needs whilst working with patients and communities to address health inequalities.
- The service gave patients timely support and information, where necessary or when concerns were raised, the service liaised closely with the patient's own GP.
- Feedback from patients was requested via a text message after the person had attended their appointment.
- The provider undertook a staff survey in November 2021. Overall, 39 staff who provided regulated activities responded from the extended access and PCSS. 12 BCA staff responded.
- When asked 'Do you feel positive and proud to work for BCA?'
  - Approximately 85% of extended access staff, 70% of PCSS staff and 75% of BCA staff said a great deal/ a lot or a moderate amount.
- When asked 'Are there cooperative, supportive and appreciative relationships among staff'?
  - Approximately 76% of extended access staff, 80% of PCSS staff and 91% of BCA staff said a great deal/ a lot or a moderate amount.

**Involvement in decisions about care and treatment**

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

- Interpretation services were available for patients who did not have English as a first language. These were accessible throughout the service and staff information regarding contacting an interpreter was in place.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. Where necessary they would refer the person back to their own GP or send a task to the GP practice to facilitate this.

**Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- The sites from where services were delivered enabled staff to see patients in an appropriate setting where private and confidential conversations would not be overheard.
- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Good

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

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

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

- The provider understood the diverse and challenging needs of its population and tailored services in response to those needs. At our inspection in June 2021 three hub sites were used to deliver services, this had increased to eight at the time of our inspection in August 2022.
- As necessary to meet demand, the service worked with commissioners to deliver additional services on bank holidays.
- The provider was liaising with the integrated care board and colleagues in urgent care to create a new responsive pediatric service in Bradford.
- The service was able to view the full patient record and had a system in place that alerted staff to any specific safety, safeguarding or clinical needs of a person using the service. Regular safeguarding meetings were in place.
- The facilities and premises were appropriate for the services delivered.

**Timely access to the service**

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

- Patients were able to access care and treatment at a time to suit them. The extended access service operated from eight hub sites 7 days per week. Appointments were available at the various sites throughout the week between 6:30pm and 9:30pm. Weekend appointments were offered from Picton Medical Centre between 9am and 5pm on a Saturday and between 10am and 2pm on a Sunday.
- Appointments during the week were available for GP consultations, Blood tests (phlebotomy) with a healthcare assistant (HCA), cervical screening appointments with an appropriately qualified nurse, physiotherapy and a range of other voluntary care sector organisations.
- GP appointments were offered over the weekend and a phlebotomy service was offered for half a day on a Saturday.
- Appointments at the PCSS were available from 12 noon to 12 midnight, seven days per week, 365 days a year. Patients did not need to book an appointment.
- Patient feedback for the extended access found that 95% of 81 patients were satisfied or very satisfied with the appointment they had. Patients described the service as efficient and well organised.
- Patient feedback for the PCSS found that approximately 58% of patients said they were very satisfied with the appointment they had. One patient said they did not want to see a GP and another patient complained they waited two hours to be seen. However, other comments were positive and only seven patients replied to the survey.
- Waiting times, delays and cancellations were minimal and managed appropriately. We saw there was usually capacity within the extended access service and in the PCSS for patients to be seen when they required.
- The service engaged with people who were vulnerable and took actions to remove barriers when people found it hard to access or use services.
- When triage showed the patient was not appropriate to access the PCSS they were re-streamed back to the emergency department (ED) to ensure their needs were met. In July 2022, 9% of patients were re-streamed back to the ED.

**Listening and learning from concerns and complaints**

The service had improved their management of complaints and concerns and responded to them appropriately to improve the quality of care.

Good

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available to patients and it was easy to do. Staff treated patients who made complaints compassionately.
- At the inspection in June 2021, we found the provider did not have an effective system in place to communicate and disseminate outcomes and changes arising from complaints. At this inspection in August 2022, we found the complaints, compliments, incident & accident policy and procedure had been updated in line with recognised guidance. This was accessible to staff during working hours.
- Five complaints had been received since April 2022. We reviewed all these complaints and found that they were satisfactorily handled, and that this had been done in a timely manner.
- Issues were investigated across relevant providers and contract holders and discussed at meetings. Staff were able to feedback when necessary.
- Staff told us they were aware of complaints, concerns and learning from these as they were highlighted in the monthly newsletter which had been introduced. Staff told us compliments were also highlighted which felt very positive.
- The provider staff survey was undertaken in November 2021.
  - 91% of BCA and 80% of PCSS staff said they would be happy to raise concerns about the behaviour of others (question not asked in extended access).
  - 92% of extended access staff said they would be happy to raise concerns about the service.
- The service learned lessons from individual concerns and complaints and also from an analysis of trends. It acted as a result to improve the quality of care. For example, GPs were reminded to adhere to the agreed patient time for a telephone appointment after one patient was contacted early and missed their review as they were unable to answer the telephone.

Good

# Are services well-led?

**We rated the service as good for leadership.**

At the inspection in June 2021 we rated the provider as requires improvement for providing well-led services. At this inspection, we found the provider had responded to our previous concerns and had made a number of positive changes to establish effective processes and ensure they were able to assess, monitor and mitigate risks within the service. Governance and oversight was in place.

**Leadership capacity and capability**

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it. They were knowledgeable about local issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider liaised closely with stakeholders including GP practices, primary care networks, acute and mental health providers and community partnerships to ensure that the service provided met the needs of the local population.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. Staff we spoke with said there was always someone to offer support.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

**Vision and strategy**

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

- The BCA strategy development was reviewed and restarted in the spring of 2021 with it being finalised and agreed by the board in May 2021. There was a clear vision and set of values. The strategy highlighted who BCA worked with, the service vision, core principles, strategic drivers and objectives.
- The service had supporting business plans to achieve their priorities.
- The service developed its vision, values and strategy jointly with staff, stakeholders and external partners. Regular reviews of the strategy and meetings were held. The strategy was in line with health and social priorities across the region and the provider looked for opportunities within the health system to enhance the health of the local population.
- One of the providers core principles was to work with patients and communities to address health inequalities
- The vision of the service was to provide a 'collaborative primary care alliance, working with partners, to deliver the health and care system of the future'.

**Culture**

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

- Staff felt respected, supported and valued. They described the extended access service as a calm planned service which was popular with patients and met their needs. Staff were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers liaised with staff and stakeholders to act on behaviour and performance inconsistent with the vision and values.

Good

# Are services well-led?

- 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. An up to date policy was in place.
- Since our inspection in June 2021, a freedom to speak up guardian had been nominated.
- 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. Feedback from staff during the inspection was consistently positive.
- At the inspection in June 2021 we found the provider did not have a system in place to provide one-to-one meetings, appraisals, coaching and mentoring, clinical supervision or support for revalidation. At this inspection we saw that all staff who worked for BCA had received an appraisal. For staff who were employed to deliver the regulated activities, appraisals were undertaken by their usual place of work. BCA managers told us they would liaise with the management team of the hub site and identify any staffing issues through their relationship with the subcontractors who provided the staff. Since the last inspection in June 2021, we saw these relationships were embedded into working practice.
- Clinical 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 told us they felt well supported when they were involved in an incident, complaint or investigation.
- There were positive relationships between BCA staff, the staff who delivered regulated activities, contractors, commissioners and primary care networks.

**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. At the inspection in June 2021, the provider could not assure themselves of the safety and security of the staff working to deliver the regulated activities or the premises used. At this inspection in August 2022 we found that embedded processes to manage staff and the hub sites worked effectively and were well managed.
- The provider evidenced good governance, leadership and management of partnerships and joint working arrangements which promoted appropriate services and interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The staff we spoke with were very supportive of each other.
- Leaders had established proper policies, procedures and activities to ensure safety and reviewed and assessed these to assure themselves that they were operating as intended.

**Managing risks, issues and performance**

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

- At the inspection in June 2021 the provider risk register did not reflect deficiencies within the service (at that time) and the issues which were found on inspection. At this inspection in August 2022 we found that there was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the commissioner as part of contract monitoring arrangements.

Good

# Are services well-led?

- At the inspection in June 2021 we found the provider could not demonstrate a programme of quality improvement. At this inspection in August 2022 the provider was able to demonstrate that audit had a positive impact on quality of care, provision of services and outcomes for patients.
- The providers had plans for major incidents, staff were aware of these.

**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.
- 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. The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. A data protection officer supported the team.

**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.

- 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. Patient surveys had been undertaken and staff told us they were encouraged to feedback regarding services. An engagement event had been held in March 2022.
- The provider met regularly with leaders at the local integrated care system and liaised closely with the primary care networks regarding the delivery of services.
- We saw evidence of the most recent staff survey undertaken for staff who provided regulated activities in November 2021, and for staff directly employed by BCA in May 2022. Feedback was generally positive about the service.
- In the extended access service where the majority of responses (29) to the survey were documented, 92% of staff said they would be happy to raise concerns about the service, and 100% of staff said they were clear about their roles and responsibilities.
- The service was transparent, collaborative and open with staff, contractors and stakeholders about performance.

**Continuous improvement and innovation**

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

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved with. BCA initiated and chaired a monthly forum of Bradford and Craven primary care network clinical directors, including the local medical committee and other federations to share good practice and develop and participate in many of the wider system transformation initiatives.
- The provider was involved in the development and planning of the urgent care strategy with Integrated Care Board (ICB) colleagues. This involved how the PCSS would fit into the urgent care plan and access plan for Bradford. The provider was also involved in the proposal for a health and wellbeing centre. The vision for the multi-purpose building included leisure facilities and health access, this was in partnership with the ICB but still at the planning stage.

Good

# Are services well-led?

- Plans were in place from 1 October 2022, for BCA to be contracted by nine PCNs to deliver the enhanced access service which would replace the current extended access and extended hours service.
- Throughout the year there were opportunities to provide additional clinics on behalf of the ICB over bank holidays and other holidays. These were commissioned as and when they were required.