

Dr Okeahialam and Partners

Inspection report

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Heaton
Bradford
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www.leylandsmedicalcentre.nhs.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Dr Okeahialam and Partners on 1 and 4 September 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement.

Effective - requires improvement.

Caring – good.

Responsive – requires improvement.

Well-led – good.

Following a previous inspection on 17 November 2019, the practice was rated as good overall and for all key questions. In 2019, in line with CQC methodology at the time, the population group of people with long-term conditions was rated as requires improvement.

At this inspection we examined areas where the provider had been previously informed they **should** make improvement during the 2019 inspection. This included:

- Adding details of the Parliamentary and Health Service Ombudsman to patient complaint correspondence should a patient wish to escalate their complaint.
- Continuing to ensure all actions in relation to Infection Prevention and Control audits were completed.
- Continuing to review and improve systems for monitoring and supporting people with long-term conditions.

We found that actions had been undertaken, however more progress was still required regarding monitoring and supporting people with long-term conditions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Okeahialam and Partners on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns which were reported to us.

How we carried out the inspection

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

This included:

- Conducting staff interviews using video and telephone conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Requesting evidence from the provider.
- A short visits to the provider sites.
- Staff questionnaires

Overall summary

- Requesting feedback from patients via the 'share your experience' link on the CQC website.

Our findings

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

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

We found that:

- Patients' needs were assessed. However, care and treatment had not always been delivered in line with current standards and evidence-based guidance. For example, we identified concerns in relation to medicines management, the diagnosis of conditions, and monitoring and follow-up of patients with long-term conditions.
- The provider had experienced the loss of 4 key members of their management team in 2022. This had proved a significant challenge to the organisation, and had impacted on the clinical and management workload of partners. Since this time, the provider had appointed new staff and restructured and reorganised the delivery of some services.
- The provider had developed specific teams such as an acute care team to increase capacity and improve care.
- The provider had a programme of quality improvement activities in place which included clinical audit.
- Child immunisation and cancer screening rates were below local and national averages and targets. We saw that the provider had recognised this and had either put into place, or was planning measures to improve these areas of underperformance.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Some patients reported difficulty in accessing care and treatment in a timely way. We saw that the provider had put in place measures to meet the challenge of patient demand. This included the development of specific work teams, and proposed upgrades to the telephony system. We saw that overall numbers of appointments had increased by around 16% from 2019/20 to 2022/23.
- Engagement with patients was mixed. Detailed patient survey work had been undertaken, however routine engagement with patients and patient representatives was limited.
- The provider had processes in place to monitor and manage performance.

We saw areas of outstanding practice:

- The provider had a feedback button embedded in the clinical system which allowed staff to record and report feedback, incidents, and concerns immediately. This included feedback from patients. This greatly improved the collection of feedback and the opportunity to raise concerns and issues in a timely manner.
- The provider had engaged with the local patient population to identify views and concerns which acted as barriers to participating in the cervical screening programme. They had also begun to do the same for parents and guardians of children in respect of child immunisations. Findings were to be used to increase take-up.

We found one breach of regulation. The provider **must**:

- Ensure that care and treatment is provided in a safe way to patients.

In addition, the provider **should**:

- Work to improve cervical screening, breast and bowel screening rates.
- Improve childhood immunisation rates.

Overall summary

- Improve the uptake of learning disability health checks.
- Continue to implement measures to improve capacity.
- Put in place measures to increase and improve patient feedback mechanisms.
- Complete appraisals for staff within the required time period.
- Continue to work to improve patient access to the service.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

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

Background to Dr Okeahialam and Partners

Dr Okeahialam and Partners is located in Bradford at:

81 Leylands Lane

Heaton

Bradford

West Yorkshire

BD9 5PZ

The practice has branch surgeries located at:

Heaton Medical Practice

Haworth Road

Bradford

BD9 6LL

And

Wrose Health Centre

Kings Road

Wrose

Bradford

BD2 1QG

All sites were visited as part of this inspection activity.

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

Patients can access services at any surgery.

The practice is situated within the NHS West Yorkshire Integrated Care Board (ICB) and delivers Primary Medical Services (PMS) to a patient population of around 18,650. The practice is part of a wider network of 4 GP practices, the Bradford North West Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 45.5% Asian, 48.5% White, 1.5% Black, 2.5% Mixed, and 2% Other.

The age distribution of the practice population closely mirrors the local PCN averages. There are more patients registered at the practice aged 29 and under than the national average.

The clinical team consists of 7 GP partners, 5 salaried GPs, plus GP registrars gaining experience at practice. Other members of the clinical team include 1 advanced nurse practitioner, 4 practice nurses, 3 healthcare assistants, 1 clinical pharmacist, and 2 physiotherapists. In addition, the practice is supported by a paramedic, pharmacists and pharmacy technicians employed by a partner organisation Trust Primary Care.

The non-clinical team consists of a practice manager, supporting managers and a dedicated reception and administration team.

The practice is open between 8.30am to 6pm Monday to Friday (On Thursdays cover for the practice is delivered by a contracted external provider between 1pm and 4pm).

Extended access is provided locally through Federation and PCN working where late evening and weekend appointments are available. Out of hours services are provided by Local Care Direct.

Out-of-hours treatment can be accessed by calling the surgery telephone number or contacting the NHS 111 service.

The practice offers a range of appointment types including on the day, telephone consultations, advance appointments, online consultations, and home visits. The practice also supports patients who reside in 8 residential care settings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Medicines management processes had not been effectively implemented, and some patients had not received the required level of monitoring or review.• Patients with long-term conditions had not been monitored or followed up as required.• Patients had not been correctly diagnosed with long-term conditions when required.• Medicines safety alerts had not been fully actioned. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>