

Parklands Medical Practice

Quality Report

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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 service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parklands Medical Practice on 09 August 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with care and concern and that the GPs and nursing staff were good at involving them in decisions about their care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, we found that a number of items of equipment which could be used to treat patients were out of date.
- Not all risks to patients were assessed and well managed. We saw that legionella checks had not been undertaken since August 2015 despite a six month renewal date being evidenced.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, not all the GPs at the practice were trained to the recommended level three.
- Nursing staff at the practice administered medicines under Patient Group Directions (PGDs). We saw that the PGDs in the practice had not been signed by an authorised person. PGDs are written instructions to administer medicines to patients, usually in planned circumstances.

Summary of findings

- The practice could not evidence an infection prevention and control audit on the day of our visit and forwarded this after the inspection. We saw that the disposable curtains used in the practice were dated and last replaced in 2014.
- There was a clear leadership structure. We were told of open and honest communication throughout the team and staff said they felt supported by management. However, we saw evidence that the majority of staff had not received an annual appraisal.
- The practice proactively engaged the Patient Participation Group (PPG) and the Health Champions in the running of the practice. It sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

The provider must ensure that Patient Group Directions used in the practice are signed by an authorised person as dictated in legislation.

The areas where the provider should make improvement are:

The provider should review the Infection Prevention and Control audit for both sites and make this available for staff to refer to. The practice should also review the renewal regime of the disposable curtains used in the practice and follow best practice.

The provider should review the monitoring of equipment and the systems and processes which are in place and assure themselves that they are able to keep patients and staff safe.

The provider should evidence that all GPs are trained to Safeguarding level three as directed by “Safeguarding Children and Young People: roles and competences for health care staff (2014)”.

The provider should ensure that all staff are provided with an appraisal in a timely manner.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, we found that a number of items of equipment which may be used to treat patients were out of date. This included the syringes within the anaphylaxis packs.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure that patients were kept safe. We saw that legionella checks had not been undertaken since August 2015. The practice assured us that these would be immediately undertaken.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, not all the GPs at the practice were trained to the recommended level three.
- Nursing staff at the practice administered medicines under Patient Group Directions (PGDs). We saw that the PGDs in the practice had not been signed by an authorised person.
- We saw that Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines were dated from 2013, we did not see evidence of any more up to date directions. Following our inspection the practice assured us that further up to date PSDs were in place. A PSD is a written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. Nursing staff were up to date with their vaccination and immunisation training.
- The practice could not evidence an infection prevention and control audit on the day of our visit and forwarded this after the inspection. We saw that the date on the disposable curtains used in the practice indicated that they were last replaced in 2014.

Summary of findings

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the Clinical Commissioning Group (CCG) average and the national average.
- We saw a co-ordinated approach to the recall of patients with long term conditions and patients were offered appointments to suit their preferences.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and pharmacy audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was an annual training programme within the practice but not all staff could evidence up to date training, for example safeguarding.
- There was a lack of evidence of appraisals and personal development plans for some staff. The provider should ensure that all staff are provided with an appraisal in a timely manner.
- Staff worked closely with other health care professionals and was part of a GP federation which commissioned services for patients close to home, for example dermatology services.
- Patients had access to a Wellbeing Worker one day per week as part of the GP federation work carried out by the practice. The worker could offer individual consultations or group relaxation sessions.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 94% of patients said that the last GP they saw or spoke to was good at treating them with care and concern.
- Patients said they felt listened to and that the GPs at the practice were good at explaining tests and treatment and they were involved in decisions about their care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- When patients did not attend for three appointments, rather than remove the patient from the GP list, the patient was invited into the practice for a meeting to review their needs.
- The practice recognised the social needs of its patients and was supportive of a number of groups run by the practice Health

Summary of findings

Champions including a music therapy group, a weekly coffee morning and a “Knitter Natter” group. We were told that the practice had also provided funding for group members to attend training this had led to a breastfeeding support group being developed.

- The practice Health Champions held a weekly reading aloud session at a local nursing home and weekly walking groups were also held. We were told that the uptake for this was good with patients from many different backgrounds. In response to this positive uptake, the group also held a longer walk once per month for more able patients.

Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Bradford Districts Clinical Commissioning Group to secure improvements to services where these were identified.
- On the day of inspection members of the PPG told us that the surgery had introduced new telephone lines which made it easier to get an appointment. We were given examples of patients accessing urgent care when they needed to.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We saw that the practice had introduced a pilot scheme whereby patients could self-refer to a physiotherapist who held sessions on the premises. This did not require initial assessment from the GP.
- Patients at the practice could take advantage of the pharmacy first scheme. This allowed people who received free prescriptions to go straight to their pharmacist to receive treatment without needing to visit their GP first to get a prescription.
- A pharmacist at the practice offered medication and asthma reviews. The pharmacist would also liaise with the Wellbeing worker regarding prescribed foods for patients.
- The practice offered an extended hours surgery on a Saturday Morning.
- The practice would make preference notes for patients so that they were aware of when patients liked to attend their appointment.

Good



Summary of findings

- The practice had introduced a dedicated telephone number for patients to request prescriptions, this enabled patients who were trying to make an appointment to get through to the surgery easier.
- The practice offered patients full access to their medical records.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There was a lead GP for each clinical area and administration staff were allocated specific responsibilities to ensure continuity for patients.
- There was a clear leadership structure and staff told us that they felt supported by the management of the practice and that working relationships were good.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- However, not all staff had received an annual appraisal.
- The practice was a training practice involved in the training of fully qualified doctors who wanted to enter General Practice. Trainees would be debriefed after each surgery and were offered a weekly tutorial.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, some risks had not been well managed and did not keep people safe, for example staff could not evidence they were working to safe prescribing protocols with regards to PSD's and PGD's and some GPs at the practice could not evidence that they were trained to safeguarding level three
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff in weekly clinical meetings to ensure appropriate action was taken.
- Feedback from staff and patients was encouraged and we observed positive relationships between staff, patients, the PPG and the practice Health Champions.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice allowed a small group of older people to continue to request their medications by telephone, as this was their preference. The practice managed the risks associated with this by ensuring that these requests were taken by experienced staff and any queries were followed up by the GP.
- The practice discussed all patients nearing the end of life at monthly Gold Standard Framework meetings (GSF). (GSF is a way of working that helps to provide the highest standard of care possible for patients and their families). Templates were also used to record the wishes of these patients.
- The practice had registered patients who were resident in nursing and care homes. They would liaise with the community matron regarding their care.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nursing staff were supported to develop additional skills in these areas.
- Outcomes for patients with diabetes were comparable to CCG and national averages. For example 95% of patients had received a flu vaccination in the preceding 12 months which was the same as the national average and similar to the CCG average of 96%.
- We were told that longer appointments and home visits were available when needed.
- On the day of inspection we saw examples of specific templates and care plans which were used with patients to deliver care and set goals.

Summary of findings

- The practice participated in CCG led initiatives including the Bradford Beating diabetes programme and Bradford Healthy Hearts. They had been recognised by the CCG for their work in this area.
- An early recall system was in place whereby patients were reminded of their review three months before it was due. This enabled staff to make appointments to suit individual needs.
- Patients could access an anticoagulation clinic and a vascular clinic which reduced the need to travel for treatment.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular meetings and discussions took place to review individuals.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- We saw that the practice encouraged young people to join the “Teen voice for health group” and valued their involvement in services. Sexual health services were accessible for young people. Young people were contacted on their fourteenth birthday and offered the opportunity to update practice records with their own mobile number and take more control over their personal health.
- The percentage of women whose notes recorded that a cervical screening test had been undertaken in the preceding five years was 67%. This was lower than the CCG average of 81% and the national average of 82%. The practice were aware of this and would offer opportunistic screening if necessary and send letters to patients in their preferred first language.
- Appointments were available outside of school hours with GPs and nursing staff and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses including a joint baby clinic with a GP and a health visitor.
- Urgent appointments were available for babies and young children.

Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients could access a Saturday morning clinic to see a GP or a nurse.
- Following patient feedback, next day appointments were also available to book and patients were sent text message reminders.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice told us they would liaise with social services and the health visiting team when concerns were raised.
- The practice had 67 people with a learning disability registered with them and offered longer appointments and annual health checks to these patients. Longer appointments were also available for those with mental health issues.
- The practice would refer vulnerable patients to various support groups and voluntary organisations. The practice Health Champions also offered a number of groups and social activities for patients including an epilepsy support group. We saw that there were leaflets and posters advertising these groups.
- Patients could access an alcohol worker who visited the practice once per week.
- There were 49 different languages spoken within the practice population. The practice told us that they would book longer appointments and an interpreter or use a telephone interpreting service to communicate with patients when necessary.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG average of 87% and the national average of 84%.
- Data also showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption was recorded in the preceding 12 months was 100%. However, only 56% of the same patient group had a documented care plan in their records.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Patients diagnosed with serious mental illness were offered annual physical health reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Nursing staff offered screening for depression if concerns were raised during appointments. These patients would then be booked in to see the GP if necessary.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and staff had recently completed training in this topic.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Data showed that 288 survey forms were distributed and 109 were returned. This represented a response rate of 38% or 1% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 73% and the national average of 78%.
- All these results were better than the responses from the previous GP survey.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received two comment cards. One comment card was positive and said that the practice provided a good service. The second comment card was less positive about their experience as a patient.

We spoke with two patients during the inspection who said that it could be difficult to get an appointment unless it was urgent. Both patients said that they had enough time during appointments and that they were treated with compassion and respect.

The lead inspector also met with the patient participation group (PPG) and the practice Health Champions. We were told that patients were offered the options of attending either surgery, staff were accommodating and the practice offered a good service.

The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. The monthly survey for June 2016 showed that 83% of patients would be likely or extremely likely to recommend the surgery to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure that Patient Group Directions used in the practice are signed by an authorised person as dictated in legislation.

Action the service **SHOULD** take to improve

The provider should review the Infection Prevention and Control audit for both sites and make this available for staff to refer to. The practice should also review the renewal regime of the disposable curtains used in the practice and follow best practice.

The provider should review the monitoring of equipment and the systems and processes which are in place and assure themselves that they are able to keep patients and staff safe.

The provider should evidence that all GPs are trained to Safeguarding level three as directed by "Safeguarding Children and Young People: roles and competences for health care staff (2014)".

The provider should ensure that all staff are provided with an appraisal in a timely manner.

Parklands Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Parklands Medical Practice

Parklands Medical Practice provides services for 10,552 patients and is situated at 30 Buttershaw Lane, Bradford, BD6 2DD. The practice also have a branch surgery which was inspected alongside the main surgery and this is situated at Park Road Medical Centre, Park Road, Bradford, BD5 0SG. This patient list and staff are shared between both sites.

Parklands Medical Centre is situated within the Bradford Districts Clinical Commissioning group (CCG) and provides primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

They offer a range of enhanced services such as childhood immunisations, extended opening hours and facilitating timely diagnosis and support for people with dementia.

The National General Practice Profile shows that the age of the practice population is very similar to the national average. The profile shows that 23% of the practice population is from a south Asian background with a further 11% of the population originating from black, mixed or non-white ethnic groups.

There are six GP partners and two salaried GPs, four of whom are male and four are female. Four of the GPs are part time. The practice is staffed by four part time nursing staff and two part time health care assistants (HCA's). The practice is also supported by a pharmacist from the CCG.

The clinical team is supported by a practice/ business manager and a team of administrative staff.

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. Male life expectancy is 76 years compared to the national average of 79 years.

The main surgery is situated within an older building with car parking available. The surgery is accessed via a ramp and has limited disabled facilities. The Park Road branch surgery is a modern purpose built building with level access and disabled facilities.

The practice is open between 8.00am and 6.30pm Monday to Fridays with appointments available between these times. The practice closed on a Wednesday afternoon. An additional clinic is offered on a Saturday morning at the Park Road branch site, where patients are able to see a nurse or a GP between 9.00am and 12.00 noon.

The Out of Hours walk-in service is provided by an external contractor, Local Care Direct at Hillside Bridge Health Centre. Patients are also advised of the NHS 111 service. Patients at the practice can take advantage of the pharmacy first scheme. This allowed people who receive free prescriptions to go straight to their pharmacist to receive treatment without needing to visit their GP first to get a prescription.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew including Bradford Districts Clinical Commissioning Group and NHS England. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, a health care assistant, the practice/ business manager, the patient services manager and a practice nurse. Several members of reception and administration staff completed a questionnaire prior to our visit and this was handed to us on the day of inspection.
- Observed how patients were being cared for and treated in the reception area.
- Spoke with six members of the PPG and four Health Champions.

- Spoke with two patients.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were contacted by the practice and received letters and explanations regarding the events. Written apologies were also given when necessary and support offered. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example spare keys to the practice were made available after staff were unable to access the premises when a new door was fitted.

Overview of safety systems and processes

We saw that the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse in most cases, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and the safeguarding lead had arranged and led additional training for staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and responsibility for this role was reviewed regularly. The GPs provided reports for safeguarding meetings and other agencies where necessary and health visitors

periodically attended clinical meetings. Staff demonstrated they understood their responsibilities and the majority had received training on safeguarding children and vulnerable adults relevant to their role. Not all GPs were trained to child protection or child safeguarding level three. We saw evidence that the practice had arranged dates for this training following our inspection.

- The practice had good facilities and was well equipped to treat patients and meet their needs. However, we found that a number of items of equipment which may be used to treat patients were out of date. For example, the syringes within the anaphylaxis packs. Following our visit a protocol was put in place to reduce the risk of this happening again.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). This role was usually undertaken by clinical staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse we spoke with was temporarily undertaking the infection prevention and control clinical lead (IPC) and had attended some CCG training events and updates. There was an IPC protocol in place and most staff had received up to date training. The practice could not evidence an IPC audit on the day of our visit and forwarded this after the inspection but this only related to one site. We saw that the disposable curtains used in the practice were dated as having been last replaced in 2014. We saw that the curtains appeared visibly clean.
- The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that the PGDs in the practice had not been signed by an authorised person.
- Health Care Assistants (HCA's) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We were shown a number of Patient Specific Directions (PSD) which enabled the HCA to administer vaccines but these were dated 2013. Following our inspection the practice assured us that further up to date PSDs were in place. A PSD is a written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety but these did not keep people safe in all cases. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We saw evidence that clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice arranged to update their portable appliance testing after our visit. Portable appliance testing (PAT) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.

- We saw that legionella checks had not been undertaken since August 2015, the assessment undertaken at the practice stated that the checks should be repeated after six months. The practice assured us that these would be immediately undertaken. (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and admin staff managed their own rota. Staff confirmed that they had the ability and capacity to cover for one another during leave. The recruitment of an additional member of nursing staff was ongoing.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We were told that all staff received annual basic life support training and had attended an update session held during protected learning time. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult pads only and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, four syringes which were part of the anaphylaxis kits were found to be past their expiry date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We saw a co-ordinated approach to the recall of patients with long term conditions and patients were offered appointments to suit their preferences. The practice participated in CCG led initiatives including the Bradford Beating diabetes programme and Bradford Healthy Hearts. They had been recognised by the CCG for their work in this area.
- Staff worked closely with other health care professionals and was part of a GP federation which commissioned services for patients close to home. For example, dermatology.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available compared to the CCG average of 96% and the national average of 95%.

Exception reporting in the practice was 15% which was above the CCG average and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who had an agreed care plan documented in their records. Data showed that 56% of patients had a care plan compared with the CCG average of 89% and the national average of 88%.

The number of women who had attended for a cervical test was also low. Data showed that 67% of patients had attended compared to the CCG average of 81% and the national average of 82%. The practice were trying to improve this and were aware of the results.

The practice told us that they were aware of both these issues and were trying to improve the outcomes for patients.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the CCG and the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 80% compared to the CCG average of 78% and the national average of 88%.
- Performance for mental health related indicators was better than the national average in some cases but with higher rates of exception reporting. For example 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months, which was better than the CCG average of 87% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, we saw that two of these were completed audits where the improvements made were implemented and monitored. Pharmacy audits were also completed.
- The practice participated in local audits, and CCG events and training.
- Findings were used by the practice to improve services. For example, following an audit of NOAC drugs (NOACs or new oral anticoagulant drugs can be used in the prevention of stroke for certain patients) a re-call system was developed to highlight when monitoring was required, therefore increasing patient safety.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment.

The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice was supporting a nurse reviewing patients with long-term conditions to develop her skills and complete a master's degree. Nursing staff also supported student nurses at the practice and had won a Health Services Journal award for this.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at regular clinical, CCG and nurse meetings.
- The learning needs of staff were identified through a system of ad hoc discussions, regular meetings and reviews of practice development needs. We saw evidence that not all staff had received an annual appraisal; following our inspection we were told that a plan would be put in place to address this. However, staff told us that they felt supported by the management in the practice.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- A rolling programme of training was provided throughout the year which included: safeguarding, fire safety awareness, basic life support and information governance. Staff also had access to and made use of e-learning training modules and in-house training. We saw that there were some gaps in staff training for newer members of staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services or writing reports for safeguarding teams.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Meetings took place with other health care professionals including palliative care nurses and health visitors on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice also reviewed any unplanned admissions at these meetings and same day appointments were offered to patients identified as being at risk.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and discussed with us the Gillick competencies and Fraser guidelines. (The Gillick competency and Fraser guidelines help us all to balance children's rights and wishes with our responsibility to keep children safe from harm). Young people were contacted on their fourteenth birthday and offered the opportunity to update practice records with their own mobile number and take more control over their personal health.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet or alcohol cessation.
- Dietary advice was available on the premises and smoking cessation advice was available from a local support group.
- Patients also had access to a Wellbeing Worker one day per week as part of the federation agreement, who would offer individual consultations or group relaxation sessions.
- Patients could access an alcohol worker who visited the practice once per week.
- We saw that the practice had introduced a pilot scheme as part of the GP federation work, whereby patients could self-refer to a physiotherapist who held sessions on the premises. This did not require initial assessment from the GP.

The practice's uptake for the cervical screening programme was 67% which was lower than the CCG average of 81% and the national average of 82%. There was a policy to offer opportunistic screening for patients attending other appointments. The practice demonstrated how they

encouraged uptake of the screening programme by using health promotion information in different languages. If patients failed to attend after two letters they would be sent a third reminder letter in their first language to encourage attendance. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening although the uptake for these was low. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 98% compared the CCG averages of 82% to 98% and five year olds from 89% to 97% which was comparable to the CCG averages of 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks were available for patients aged 40 to 74 if they requested these. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs. Staff had an awareness that some conversations on reception could be overheard and took steps to avoid this happening.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 94% of patients said that the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- Patients said they were listened to and that the GPs at the practice were good at explaining tests and treatment and they were involved in decisions about their care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- When patients did not attend for three appointments, rather than remove the patient from the GP list, the patient was invited into the practice for a meeting to review their needs.
- The practice recognised the social needs of its patients and was supportive of a number of groups run by Health Champions within the practice. These included a music therapy group, a weekly coffee morning and a "Knitter Natter" group. We were told that the practice had also provided funding for group members to attend training this had led to a breastfeeding support group being developed.

One patient Care Quality Commission comment card we received was positive about the service experienced, the other was less positive about their experience as a patient. Patients we spoke with on the day said they felt the practice offered a good service.

We spoke with four members of the patient participation group (PPG) and six members of the practice Health Champions group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that they felt listened to and included in how the practice was run, and that the service was good. Staff from the practice regularly attended PPG meetings

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

On the day of inspection patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We received two patient feedback comment cards and their response was mixed.

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpreting services and longer appointments were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in different languages if necessary. We were told that three GPs at the practice could speak languages other than English that were relevant to the patient group.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice had also produced leaflets and posters encouraging patients to join the weekly groups offered by the Health Champions or to attend the weekly coffee mornings.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 232 patients as carers (2% of the practice list). Carers were offered annual health checks and were referred to a local carer's resource if required. Written information was also available to direct carers to the various avenues of support available to them.

When patients had expressed a preference regarding their wish to be resuscitated or not at the end of life, a copy of this decision was given to the patient and a copy retained by the practice. For patients who were nearing the end of life, the practice handed over information to the out of hours service to ensure continuity of care.

We were told that the GPs at the practice would respond promptly to the provision of death certification so that the patients' families could comply with their religious obligations where necessary. This included being able to respond during the evening or at weekends.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Bradford Districts Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an additional hours clinic on a Saturday morning from 9.00am until 12.00 noon for working patients who could not attend during normal opening hours. A number of appointments were available to prebook in advance to see the GP or a nurse.
- There were longer appointments available for patients with a learning disability, people with mental health issues or anyone who requested one.
- On the day of inspection, members of the Patient Participation Group (PPG) told us that the surgery had introduced new telephone lines which made it easier to get an appointment. We were given examples of patients being able to access urgent care when they needed to.
- We saw that the practice had introduced a pilot scheme as part of the GP federation work, whereby patients could self-refer to a physiotherapist who held sessions on the premises. This did not require initial assessment from the GP.
- Patients at the practice could take advantage of the pharmacy first scheme. This allowed people who received free prescriptions to go straight to their pharmacist to receive treatment for minor ailments without needing to visit their GP first to get a prescription.
- A pharmacist at the practice could offer medication and asthma reviews. The pharmacist would also liaise with the Wellbeing worker regarding prescribed foods for patients.
- The practice would make preference notes for patients so that they were aware of when patients liked to attend their appointment.
- The practice Health Champions held a weekly reading aloud session at a local nursing home and weekly walking groups were also held. We were told that the

uptake for this was good with patients from many different backgrounds. In response to this positive uptake the health champions also held a longer walk once per month for more mobile patients.

- The practice had introduced a dedicated telephone number for patients to request prescriptions, this enabled patients who were trying to make an appointment to get through to the surgery easier.
- The practice offered patients full access to their medical records and encouraged young people to take control of their own health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These were triaged by the GP if necessary and we saw that one appointment per day was available for this.
- Same day appointments were available for children and those patients with urgent medical issues.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were limited disabled facilities at the main Parklands site; and the practice had for a number of years submitted bids for funding to allow them to make improvements. However, facilities were available at the Park Road branch surgery. Interpreting services were available when required.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available between these times. The practice closed on a Wednesday afternoon. An additional hours clinic was offered on a Saturday morning between 9.00am and 12.00 noon. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 42% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that it was sometimes difficult to get appointments when they needed them but if they needed an urgent appointment they would always be seen. We asked admin staff to complete a questionnaire prior to our inspection and staff said that there was not enough appointments to meet patient demand. The practice was in the process of recruiting into additional nursing hours to help meet this demand.

The practice had a system in place to assess:

- whether a home visit was clinically necessary. The GP would triage requests for a home visit.
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a complaints leaflet. We did not see a poster in reception but patients told us on the day that they knew how to complain.

We looked at 24 complaints received in the last 12 months and found that these were handled in a timely manner and with openness and transparency. Written explanations were given and meetings were held to suit the complainant. We saw that apologies were given and lessons were learnt from individual concerns and complaints and also from an analysis of trends. Action was taken as a result to improve the quality of care, for example, additional staff training was undertaken. We also saw that patients who complained were invited to join the patient participation group.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice also shared with us their plans for the main Parklands site which they were hoping to improve and future succession planning.
- The practice was a training practice involved in the training of fully qualified doctors who wanted to enter General Practice. Trainees would be debriefed after each surgery and were offered a weekly tutorial. The practice also offered placements to nursing students.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and staff were given specific roles and additional responsibilities to maintain quality.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some risks had not been well managed and did not keep people safe. For example, all GPs could not evidence that they were trained to safeguarding level three and staff could not evidence that they were working to safe prescribing protocols with regards to PSD's and PGD's.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us they felt supported by the partners in the practice and that they were encouraged to raise concerns and report issues when things went wrong.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty and staff told us that they felt listened to. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology in a timely manner.
- The practice kept written records of verbal interactions as well as written correspondence and we saw evidence of this.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. In addition, protected practice learning time was held once per month when the surgery was closed. Staff attended in house training and discussions at this time or CCG led learning events.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the managers and the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and they said they felt encouraged to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. We saw positive relationships between staff and patients.

The practice had gathered feedback from patients through the patient participation group (PPG), the Health Champions and through surveys and complaints received. The PPG met regularly and meetings were attended by the practice. The PPG supported flu clinics and used these opportunities to gather feedback and a patient survey was carried out in 2014. The PPG represented the practice at CCG meetings and had submitted proposals for improvements to the practice management team. For example, the PPG had assisted the staff to restructure the waiting area to reduce number of conversations that could be overheard. The PPG had also suggested using large coloured numbers to orientate people who did not use English as a first language and those with disabilities, to consultation rooms. Numbers had been placed on consultation room doors throughout the practice.

- The practice had gathered feedback from staff through meetings and ad hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff highlighted to management that all book on the day appointments were offered in the morning and that patients sometimes asked to attend in the afternoon. Following a review the appointment system was changed to accommodate this.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of a GP federation and local pilot schemes to improve outcomes for patients in the area. The practice took an active role within the CCG.

A one week "book in advance" pilot was being reviewed by the practice in an effort to reduce the number of people who did not attend for appointments and offer more choice to patients.

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
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> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with nursing staff administering vaccinations without an appropriately signed or authorised Patient Group Direction.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>