

Woodroyd 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 Woodroyd Medical Practice on 13 September 2016. Overall the practice is rated as good.

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

- The new partners in the practice encouraged an open and transparent approach to safety and had introduced an effective system for reporting and recording significant events.
- Partners had worked in collaboration with a neighbouring practice to produce a comprehensive action plan to reduce risks to patients and improve patient care.
- We saw that staff were dedicated to improving the quality of care in the practice and were positive about the changes which were being made to achieve this and the support offered by the neighbouring practice.
- Not all risks to patients were assessed and well managed.

- At the time of our visit there was not an identified infection prevention and control clinical lead (IPC). An IPC audit was booked for two weeks after our visit and we saw that a comprehensive cleaning audit had recently been undertaken. There was an IPC protocol in place but not all staff had received up to date training.
- We saw a training plan for all staff was in place but this had yet to be completed.
- Staff who had worked at the practice were acting as chaperones (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure) without a Disclosure and Barring Service check (DBS), training or a risk assessment in place. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff assessed patients' needs and in most cases delivered care in line with current evidence based

Summary of findings

guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that the team were actively reviewing and recalling patients.

- Computer icons were used to identify military veterans. These patients were offered priority appointments and this was noted on all referrals to the hospital to assist in their care and treatment.
- The GP patient survey results showed that 99% of patients said that nursing staff were good at explaining tests and treatments which was above the Clinical Commissioning Group (CCG) average of 89% and the national average of 90%.
- Information about services and how to complain was available and easy to understand. We saw that patients were offered an explanation and improvements were made as a result of complaints and concerns. For example all staff would now introduce themselves by name when speaking to patients.
- Patients said they did not always find it easy to make an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the new management team. The practice had begun to proactively seek feedback from staff and patients, which it acted on. The practice had a virtual PPG with whom it communicated by e mail.
- 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 practice must ensure that all vaccines are stored and managed properly so that immunisations are carried out safely and efficiently in line with Public Health England guidance and that any issues are acted upon.

The areas where the provider should make improvement are:

- The practice should review the necessity of requesting DBS checks for staff prior to them commencing in their new roles and be able to assure themselves of the suitability of the candidate for the post. The practice should ensure that all staff who act as chaperones for patients have undergone training and have a Disclosure and Barring Service check (DBS) or a risk assessment is in place.
- The practice should ensure that when things go wrong with care or treatment that any actions taken to improve safety are fed back to staff and patients .
- The practice should continue with their plan to ensure that staff are suitably trained to carry out their roles.
- The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve access.

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. The practice discussed these at clinical meetings but we did not see any evidence of an action plan or feedback to patients or staff.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw that staff had been trained to the appropriate safeguarding level for their roles.
- We saw that a recent review of all patients undertaking Disease-modifying antirheumatic drugs (DMARDs, a group of medications commonly used in patients with rheumatoid arthritis) had been undertaken and these patients had been recalled for reviews. For patients where this review was significantly overdue and previously the patient had not been suitably monitored, we saw that a significant event had been raised by the new Advanced Nurse Practitioner (ANP) so that this could be discussed and action taken by the team.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. We saw that staff were acting as chaperones without training or a Disclosure and Barring Service check (DBS). 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. However, following our visit we saw evidence that all staff were undergoing DBS checks and these were in progress.
- A training plan for all staff was in place but this had yet to be completed, staff had completed basic life support and safeguarding training. An individual plan for each staff member was formulated following our visit and we were sent evidence that competencies were being achieved.
- On the day of our visit we noted four occasions when temperatures in one vaccine fridge were outside the

Summary of findings

recommended temperature of range of 2-8 degrees. We did not see that this was suitably monitored or action taken to assess the risks associated with vaccines being stored out of temperature ranges.

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 at or above average compared to the national average.
- Staff assessed patients' needs and in most cases 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. The team were reviewing patients with high blood pressure and ensuring that their care was supported by evidence.
- Unplanned admissions were followed up by the advanced nurse practitioner and changes to medications were made if necessary.
- Clinical audits demonstrated some quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice higher than others for care given by nursing staff, results for consultations with GPs varied. For example, 77% of patients said that the last GP they saw was good at treating them with care and concern compared with the CCG and national average of 85%.
- Information for patients about the services available was easy to understand and accessible.
- We saw examples of positive and caring interactions between patients and staff. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- A nurse and a GP at the practice completed a charity cycle ride in August 2016 and had raised money for a health charity abroad. They used this opportunity to encourage patients to undertake their own “health challenge”.
- Information for patients about the services was available and we saw that information for some issues was available in several different languages. The practice was able to translate some patient information using the computer and had continued to discuss this issue in practice meetings.

Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Following recent challenges and changes within the practice, the partners had worked in collaboration with a neighbouring practice to produce a comprehensive action plan to reduce risks to patients and improve patient care.
- Patients said they did not always find it easy to make an appointment with a named GP. We saw that since August 2016 the practice had increased their availability of GP sessions by eight sessions per week. The practice had also recruited an advanced nurse practitioner. The availability of telephone consultations was also increased in May 2016.
- Urgent appointments were available the same day. The practice had also recently introduced urgent “sit and wait” slots which also enabled patients to be seen on the day.
- 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. The practice told us that previously concerns and complaints were not always well managed and dealt with in a timely manner. However, we saw that the new practice manager was responding quickly to issues raised and learning from complaints was shared with staff at monthly meetings.
- The practice were currently piloting a scheme where a pharmacist was employed two hours per day to undertake medication reviews, post hospital discharge reviews and prescription support.
- A new telephone system was introduced in July 2016.
- The practice did not offer an extended hours clinic patients were redirected to an out of hours service on a Wednesday afternoon after 1.00pm.

Summary of findings

Are services well-led?

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

Good



- The practice had developed an action plan to ensure they were able to deliver high quality care and promote good outcomes for patients. Staff were clear about their roles and responsibilities in relation to the changes being made and told us that patient care had improved.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and had introduced regular governance meetings. The new practice manager was continuing to review the policies within the practice and update them.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice collaborated closely with a neighbouring achieving practice who had assisted them to improve systems and processes and to meet patients' needs.
- Weekly clinical meetings were held with the neighbouring practice which enabled the team to discuss issues, learn from significant events and develop the practice with assistance from other experienced practitioners.
- 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 to ensure appropriate action was taken. This process was led by the practice manager and the ANP. Our GP specialist advisor on the day discussed how to access this information via the website with the lead GP.
- The practice had a virtual patient participation group (PPG) and had recently appointed a chairperson. Contact for the group was mainly by e mail. The chairperson told us he was aware of the changes in the practice and that access to appointments had improved. The PPG was advertised on the practice website.
- There was a strong focus on improvement at all levels and we saw the detailed action plan developed by the practice had met targets and actions were completed in the timescales noted. For example we saw that recruitment into clinical posts had been achieved. For example a salaried GP and an Advanced Nurse Practitioner.

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 would refer socially isolated patients to voluntary services tailored to this age group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered shingles vaccinations to those who were eligible and annual health checks to patients over 75 years old.
- A wheel chair was available in the practice for patients who may require assistance.

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.
- Outcomes for patients with diabetes were generally below CCG and national averages. For example, the percentage of patients with diabetes on the register with a record of a foot examination was 68% compared to the CCG average of 79% and the national average of 81%. The practice discussed with us that they had reviewed their recall systems and had employed additional clinical staff to meet targets.
- Longer appointments and home visits were available when needed. Nursing staff also offered early and late appointments for patients that needed these.
- We were told that patients diagnosed with diabetes would be reviewed every six months and were offered 30 minute appointments. Diabetic patients who required insulin could attend an advanced clinic within the same building.
- Newly diagnosed diabetic patients could be referred to a specialist dietician who attended once per month. Nursing staff would also refer to voluntary services and groups such as a “cook and eat” educational group. Weekly on site podiatry clinics were also held.

Summary of findings

- We were told by nursing staff of a proactive approach to managing long term conditions with a focus on the education of patients and the use of leaflets and additional materials to help patients understand their condition.
- We saw that a recent review of all patients undertaking Disease-modifying antirheumatic drugs (DMARDs, a group of medications commonly used in patients with rheumatoid arthritis) had been undertaken and these patients had been recalled for reviews.
- All 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.
- The practice participated in CCG initiatives such as Bradford Beating Diabetes and Bradford Healthy Hearts.
- The practice had identified a high number of asthmatic patients who did not attend for reviews. To reduce the risk to patients, the practice offered opportunistic review and spirometry testing and we saw the nursing staff working flexibly to achieve this. (Spirometry is a test that can help diagnose various lung conditions, most commonly chronic obstructive pulmonary disease (COPD). Spirometry is also used to monitor the severity of some other lung conditions).

Families, children and young people

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

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged between 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 80% which was comparable to the CCG average of 81% and the national average of 82%.
- The practice offered sexual health services and screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- Young mothers at the practice had access to the Family Nurse Partnership scheme, (FNP). This was a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse would visit the mother regularly until their child was two.
- We saw the practice offered access to midwives, health visitors and school nurses and they would liaise with these teams as necessary.

Working age people (including those recently retired and students)

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 a full range of health promotion and screening that reflects the needs for this age group. During the flu season appointments for vaccinations were available outside normal working hours.
- The practice promoted the Pharmacy First Scheme. This scheme enabled patients to receive prescription medications, to treat a range of common conditions, direct from the pharmacist without a GP prescription. The Advanced Nurse Practitioner (ANP) had developed a protocol to assist reception staff to redirect patients to this service safely.
- Patients could book GP and nurse consultations on line and in advance. Telephone consultations were available with either a GP or the ANP.

Good



People whose circumstances may make them vulnerable

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 those at risk of unplanned admission, homeless people, travellers and those with a learning disability.
- The practice had identified 44 patients with a learning disability and offered longer appointments and annual health checks for these patients. The team had recently met with the local learning disability community team to review their user friendly leaflets for this patient group.

Good



Summary of findings

- Computer icons were used to identify military veterans. These patients were offered priority appointments and this was noted on all referrals to the hospital to assist in their care and treatment.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations including luncheon clubs.
- An alcohol advisor ran regular clinics for patients and a health advisor was available for one session per week.
- For patients whose first language was not English the practice would book a longer appointment and use an interpreter where necessary.
- 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).

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is worse than the CCG average of 87% and the national average of 84%.
- 90% of patients with schizophrenia, bipolar affective disorder or other psychoses had their alcohol consumption recorded between January 2014 and March 2015. This the same as the national average and comparable to the CCG average of 92%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered annual physical health checks to patients with serious mental illness.
- The practice carried out advance care planning for patients with dementia. To reduce the risk of overdose, all patients with memory issues were offered a dosette box for medication which held seven days of medication and was renewed each week.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients experiencing poor mental health, who had attended accident and emergency.
- Staff had a good understanding of how to support patients with mental health needs and dementia. We were told that the practice was in the process of arranging dementia friends training for the staff team.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Overall, the results showed the practice was performing less well than local and national averages. Data showed that 340 survey forms were distributed and 108 were returned. This represented a response rate of 32% which is lower than the national average of 38% or 2% of the practices' patient list.

- 60% 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%.
- 68% 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% national average of 85%.
- 51% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 79%.

The practice were aware of these results. During the four months prior to our inspection they had increased access to a GP by eight additional sessions per week and

employed an advanced nurse practitioner. The practice had also recruited a pharmacist two days per week and were actively trying to recruit an additional health care assistant (HCA) to improve access.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards, four of which were very positive about the standard of care received. Two cards were less positive about the care received and three people noted that they struggled to get an appointment.

We spoke with four patients during the inspection. Three patients said they were treated with dignity compassion and respect and that their privacy and dignity was respected. Three out of the four patients we spoke with said it was difficult to get an appointment.

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. Figures given to us by the practice for surveys undertaken in July and August 2016, showed that 100% 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 areas where the provider must make improvement are:

- The practice must ensure that all vaccines are stored and managed properly so that immunisations are carried out safely and efficiently in line with Public Health England guidance and that any issues are acted upon.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- The practice should review the necessity of requesting DBS checks for staff prior to them commencing in their new roles and be able to assure themselves of the

suitability of the candidate for the post. The practice should ensure that all staff who act as chaperones for patients have undergone training and have a Disclosure and Barring Service check (DBS) or a risk assessment is in place.

- The practice should ensure that when things go wrong with care or treatment that any actions taken to improve safety are fed back to staff and patients.
- The practice should continue with their plan to ensure that staff are suitably trained to carry out their roles.
- The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve access.

Woodroyd 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, a second CQC inspector and a practice manager specialist adviser.

Background to Woodroyd Medical Practice

Woodroyd Medical Practice provides services for 5,703 patients and is situated in the Woodroyd Centre, Woodroyd Road, Bradford, BD5 8EL.

Woodroyd Medical Centre is situated within the Bradford Districts Clinical Commissioning group (CCG) and provides primary medical services under the terms of a general medical services (GMS) 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, services for patients with a learning disability and facilitating timely diagnosis and support for people with dementia.

The National General Practice Profile shows that the age of the practice population is slightly different to the national average with lower numbers of patients aged over 40 and higher numbers of patients aged below 24. The profile shows that 47% of the practice population is from a south Asian background with a further 12% of the population originating from black, mixed or non-white ethnic groups.

There are three GP partners and a business partner and two salaried GPs. Three of the GPs are female and two are

male. The practice is staffed by two practice nurses and an advanced nurse practitioner and has a part time health care assistant (HCA) all of whom are female. The practice is also supported by a pharmacist for two hours per day.

The clinical team is supported by a practice 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 75 years compared to the national average of 79 years. Female life expectancy is one year below the national average at 82 years.

The surgery is situated within a large health centre which also hosts other GP surgeries and community facilities. Car parking is available. The surgery has level access and has disabled facilities.

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.00am to 11.30am and from 1.30pm to 5.30pm. The practice is closed on a Wednesday afternoon and patients were directed to the out of hour's service.

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 also 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 13 September 2016. During our visit we:

- Spoke with a range of staff including three GPs, the practice and business managers, two practice nurses, an advanced nurse practitioner and several members of the administration team.
- Observed how patients were being cared for and treated in the reception area.
- Spoke with the chairperson of the PPG.
- Spoke with four 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 informed of the incident and that these were discussed in weekly clinical meetings. We saw some evidence of action that was taken to improve safety but these were not always documented and we did not see evidence that outcomes were fed back to staff and patients.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. We were told that the GPs could not always attend meetings but would provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the advanced nurse practitioner were trained to child protection or child safeguarding level three and nursing staff were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. We saw that staff who acted as chaperones were not trained for the role and had not received a Disclosure and Barring Service (DBS) check. We were assured that this would be stopped until training had taken place and chaperones

had an appropriate risk assessment or a DBS in place. Following our visit we were shown evidence that all staff had applied for DBS checks and these were in progress. We were also shown evidence that staff were being trained for the role.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean, uncluttered and tidy. At the time of our visit there was not an identified infection prevention and control clinical lead (IPC). An IPC audit was booked for two weeks after our visit and we saw that a comprehensive cleaning audit had recently been undertaken. There was an IPC protocol in place but not all staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. On the day of our visit we noted four occasions when temperatures in one vaccine fridge were outside the recommended temperature range of 2-8 degrees Celsius. We did not see that this was suitably monitored or action taken to assess the risks associated with vaccines being stored out of temperature ranges. Following our visit the practice took immediate advice from NHS England who confirmed the vaccines were safe. The practice told us that they had purchased additional methods of monitoring fridge temperatures that would keep patients safe.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had recently recruited a pharmacist to work two hours per day as part of a pilot scheme to review patients' medication needs and ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there was a new system in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse told us she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and these were current and up to date. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed three 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. However, we saw that some DBS checks had been undertaken by previous employers and not all staff could evidence a new DBS check had been undertaken prior to their commencing employment at the practice. Following our visit we saw that all staff had applied for updated DBS checks.
- The new practice manager had implemented a new mandatory training plan for all staff but this had yet to be completed, however, staff had completed basic life support and safeguarding training and the practice had purchased an on line training package for staff. An individual plan for each staff member was formulated following our visit and we were sent evidence that competencies were being achieved. Staff had attended additional training sessions in other areas relevant to their role.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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. All electrical equipment was checked to ensure the equipment was safe to use and 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 and legionella (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 locums GPs were used where necessary. The practice had recently recruited a salaried GP and a long term locum who were offering an additional eight sessions per week. They had also recruited an advanced nurse practitioner (ANP) and into additional nursing hours. The practice were currently advertising for a Health Care Assistant.

- We saw that a recent review of all patients undertaking Disease-modifying antirheumatic drugs (DMARDs, a group of medications commonly used in patients with rheumatoid arthritis) had been undertaken and these patients had been recalled for reviews. For patients where this review was significantly overdue and previously the patient had not been suitably monitored, we saw that a significant event had been raised by the new ANP so that this could be discussed and action taken by the team.

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 there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises 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.
- 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. Where clinicians had identified that in the past this had not been the case, we saw evidence that they were actively recalling patients and inviting them in for urgent reviews i.e. for blood pressure monitoring.

- 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 proactively monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 90% of the total number of points available compared to the CCG average of 96% and the national average of 95%.

Overall exception reporting in the practice was 7% which was lower than 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 some QOF targets for example some outcomes for patients with diabetes and mental health issues were lower than local and national averages. A GP was tasked with monitoring QOF outcomes and performance and it was felt that recent changes in the team, new recruitment and improved recall systems would improve scores and outcomes for patients.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was generally lower than national and local averages. For example, the percentage of patients with diabetes on the register, with a blood pressure reading which was within normal range was 53% compared to the CCG average of 76% and the national average of 78%. However, 97% of patients diagnosed with diabetes at the practice had a flu vaccination compared to the CCG average of 96% and the national average of 94%.
- Performance for two out of three assessed mental health related indicators was lower than the CCG and national average. For example, 90% of patients with a mental health issue had a record of their alcohol consumption which was the same as the national average and comparable to the CCG average of 92%. However, only 44% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in their notes between April 2014 and March 2015. The CCG average was 89% and the national average 88%.

There was evidence of quality improvement including clinical audit.

- There had been some clinical audits completed in the last two years, one of these was a two cycle audit. Audits were also carried out by the pharmacist.
- The practice participated in local audits, local and national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example, we were told that recent action taken as a result of an audit included a plan to carry out training with the staff team regarding the management of emergency oxygen requests and the use of oxygen within the practice.
- We saw that a recent review of all patients undertaking Disease-modifying antirheumatic drugs (DMARDs, a group of medications commonly used in patients with rheumatoid arthritis) had been undertaken and these patients had been recalled for reviews. We were told that a similar review of patients was taking place for those diagnosed with high blood pressure.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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 those reviewing patients with long-term conditions. For example, the practice nurse was a nurse prescriber and able to prescribe items such as inhalers which reduced the amount of appointments patients were required to attend and also held a diploma in diabetes.
- 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 practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The new management team at the practice had ensured that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, a training plan with a completion date of December 2016, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff had received training that included: safeguarding, basic life support and we saw that some staff had completed fire training. Staff had recently been given access to e-learning training modules and in-house training.

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.

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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The GPs would arrange ad hoc meetings with the health visiting team and send computer tasks if they had concerns about children outside these meetings.

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 were aware of the Gillick competencies and Fraser Guidelines. (The Gillick competency and Fraser guidelines help to balance children's rights and wishes with the responsibility to keep children safe from harm).
- 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

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, smoking and alcohol consumption.
- A dietician and a health trainer were available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend

Are services effective?

(for example, treatment is effective)

for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for all patients they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening although uptake for this was low.

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 74% to 95%. CCG was 82% to 98% and for five year olds from 86% to 99%. CCG average was 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. 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 they could offer them a private room to discuss their needs. A room was also available for nursing mothers who wished to breast feed.

Of the six patient Care Quality Commission comment cards we received four were positive about the service experienced. One patient commented that they had had a very positive consultation with a new GP.

We spoke with the chairperson of the virtual patient participation group (PPG). As the majority of the patient population was less than 40 years old the practice had decided to communicate with patients in this way. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed that overall patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses and results varied for consultations with GPs. For example:

- 86% 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%.
- 80% 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%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 98% 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%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice was aware of the data and had recently recruited into GP posts to enhance the continuity of care and were offering an additional eight sessions per week of patient contact time.

Care planning and involvement in decisions about care and treatment

The majority of 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.

Patient feedback from the comment cards we received was also mostly positive and aligned with these views.

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 in line with local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 70% 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%.
- 90% 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:

Are services caring?

- Staff told us that face to face interpreting services were available for patients who did not have English as a first language and that these patients were offered longer appointments.
- Some Information leaflets were available in an easy read format and we saw that some leaflets for example regarding cancer and cervical screening information were available in several different languages.

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. We saw posters and leaflets were displayed in themes and that a review date for the display ensured that information remained up to date.

Information about support groups and places to visit locally was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and carers were offered annual flu vaccinations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Bradford Districts CCG to secure improvements to services where these were identified. Following the recent resignation of two GP partners, recent challenges and changes within the practice, the new partners had worked in collaboration with a neighbouring practice to produce a comprehensive action plan to reduce risks to patients and improve patient care.

- The practice did not offer an extended hours clinic and patients would be redirected to an out of hours service on a Wednesday afternoon after 1.00pm.
- There were longer appointments available for patients with a learning disability, long term conditions reviews and for patients who required an interpreter.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The lead partner told us that they were currently reviewing this protocol to reflect recent guidance.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had recently introduced urgent "sit and wait" slots which enabled patients to be seen on the day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Nursing staff had an excellent knowledge of the relevant travel vaccinations most often requested by their patient group.
- There were disabled facilities which included parking and interpretation services.
- The practice were currently piloting a scheme where a pharmacist was employed two hours per day to undertake medication reviews, post hospital discharge reviews and prescription support.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.00am to 11.30am and from 1.30pm to 5.30pm. On a Wednesday afternoon patients were redirected to an out of hours service after 1pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance to see a GP, patients could also book appointments to see the nurse or HCA up to eight weeks in advance. We saw that since August 2016 the practice had increased patients access to GPs by eight sessions per week. (A session was either a morning or afternoon). The practice had also recruited an advanced nurse practitioner. The availability of telephone consultations was also increased in May 2016. The practice had also invested in a new telephone system which was introduced in July 2016. Three people told us on the day of the inspection that it was difficult to get an appointment when they needed to and one person told us it was easy.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 60% 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%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- 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 recently introduced an effective system 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 were told that information for patients to complain was available on request.

We looked at four complaints received in the last 12 months and found that historically these had not all been

Are services responsive to people's needs? (for example, to feedback?)

handled in a satisfactory manner or been dealt with appropriately. The new practice manager had received one complaint and this had been dealt with in a timely way and with openness and transparency. Lessons were learnt from

individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we were told that all staff would now introduce themselves by name when speaking to patients.

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. We saw an updated statement of purpose which reflected the changes to the practice and a comprehensive action plan developed in collaboration with an achieving practice. Staff were kept informed regarding the changes to the practice and were positive about the changes that had taken place.

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 we saw evidence that this was continually being reviewed.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the practice manager were approachable and always took the time to listen to all members of staff.

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. The practice had recently developed systems to ensure that when things went wrong with care and treatment it was

highlighted in clinical meetings and outcomes and actions were discussed. The team told us that following our visit they would ensure that actions taken would be fed back to staff and patients.

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

- Staff told us the practice held regular team meeting.
- 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. The new practice manager had implemented an open door policy and encouraged staff to raise concerns or discuss issues with her at any time.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. We saw that the practice encouraged patients to complete the friends and family test but had not recently carried out a patient survey.

- The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. The PPG was a virtual group with a recently appointed chairperson. We saw that improvements had been made to the practice as a result of patient feedback and that patient information screens and the seating in the waiting area had been upgraded.
- The practice had gathered feedback from staff through meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that recent changes within the practice were positive for staff and patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

Are services well-led?

Good 

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

to improve outcomes for patients in the area. For example, the practice employed a pharmacist for two hours per day to undertake medication reviews, post hospital discharge reviews and give support with prescriptions.

The open and honest approach and comprehensive action plan developed by the practice evidenced their commitment to improve services and outcomes for 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 follow their own policy and identify the risks associated with vaccines being stored out of temperature range, in line with public Health England Guidance, Protocol for ordering, storing and handling vaccines, 2014.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>