

Bilton Medical Centre

Quality Report

Bilton Medical Centre
120 City Road
Bradford
West Yorkshire
BD8 8JT

Tel: Tel: 01274 782080

Website: www.biltonmedicalcentre.co.uk

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

Ratings

Are services safe?

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 Bilton Medical Centre on 10 May 2016. Overall the practice was rated as good. However, breaches of the legal requirements were found leading to a rating of requires improvement in the key question of Safe. After the inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the safety of the practice.

We undertook a focussed follow up inspection at Bilton Medical Centre on 14 December 2016 to check that the practice had met the requirements. This report only covers our findings in relation to those requirements.

You can read the full comprehensive report which followed the inspection in May 2016 by selecting the 'all reports' link for Bilton Medical Centre on our website at www.cqc.org.uk.

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

- Risks to patients were assessed and well managed.
- Staff who acted as chaperones had undertaken 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).

- Vaccines were stored and managed appropriately in line with Public Health England guidance.
- The practice had a number of policies and procedures to govern activity, and we saw that these had been reviewed.
- Patients who did not need to see a GP could be directed to the 'Pharmacy First' Scheme by reception staff who followed a clear protocol for this.

The areas where the provider should make improvements are:

- Where the non-therapeutic circumcision of male children is performed, (for religious or cultural reasons) the practitioner should continue to give consideration to British Medical Association good practice guidelines which state that "usually and where applicable both parents must give consent for non-therapeutic circumcision".

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 good for providing safe services.

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 10 May 2016. At the previous inspection the key question of safe was rated as requires improvement. At our inspection on 14 December 2016, we found that:

- Risks to patients were assessed and well managed.
- The practice had ensured that staff who acted as chaperones had undertaken a Disclosure and Barring Service check (DBS).
- We saw that following our last inspection that systems and processes had been introduced that kept people safe. For example, vaccines were stored and managed properly in line with Public Health England guidance.
- We saw that the practice had reviewed their policies and procedures.
- The practice had introduced a protocol and patients who did not need to see a GP could be directed to the Pharmacy First Scheme by reception staff in a safe manner. 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.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Where the non-therapeutic circumcision of male children is performed, (for religious or cultural reasons) the practitioner should continue to give consideration

to British Medical Association good practice guidelines which state that “usually and where applicable both parents must give consent for non-therapeutic circumcision”.

Bilton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a second CQC inspector.

Background to Bilton Medical Centre

Bilton Medical Centre provides services for 5,218 patients. The surgery is situated within the Bradford City Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

They offer a range of enhanced services including childhood immunisations and facilitating timely diagnosis and support for people with dementia. The practice also offers the non-therapeutic circumcision of male patients.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area. There are fewer patients aged over 45 than the national average. The National General Practice Profile states that 66% of the practice population is from an Asian background with a further 9% of the population originating from black, mixed or non-white ethnic groups.

There are two GP partners at the practice who work full time, both GPs are male. One GP offers up to three clinical sessions per week. The practice also has a practice nurse who works part time there are two health care assistants who also work full time.

The practice also engages the services of a pharmacist.

The clinical team is supported by a practice manager and a team of administrative staff. The characteristics of the staff team are reflective of the population it serves and are able to converse in several languages including those widely used by the patients, Urdu, Punjabi and English.

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.

Bilton Medical Centre is situated within two purpose built buildings on the same site with car parking available. It has disabled access and facilities and a hearing loop.

The reception is open from 8.30am to 6.30pm Monday, Wednesday, Thursday and Friday with GP appointments available between 9am to 12pm and 3pm to 6pm. On a Tuesday the reception was open between 8.30am and 7.30pm and an extended hours clinic was offered until 7.30pm.

Nurse appointments were offered on a Monday and Tuesday Morning and all day Friday. The practice has recently introduced a walk in surgery for GP consultations one day per week.

When the surgery is closed patients can access the 'Pharmacy First' minor ailments scheme or the Local care direct walk in centre at Hillside Bridge Health centre. Patients are also advised of the NHS 111 service for non-urgent medical advice.

Why we carried out this inspection

We carried out an announced focussed inspection of Bilton Medical Centre under Section 60 of the Health and Social

Detailed findings

Care Act 2008 as part of our regulatory functions. The inspection was planned to check that improvements had been made following our comprehensive inspection on 10 May 2016. We inspected the practice against one of the five key questions we ask about services: is this service safe?

How we carried out this inspection

Before visiting Bilton Medical Centre, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew including Bradford City Clinical Commissioning Group and NHS England. We carried out an announced visit on 14 December 2016.

During our visit we:

- Spoke with both GP partners, the senior receptionist, a member of the reception team and two health care assistants.

Are services safe?

Our findings

Safe track record and learning

During our inspection on 10 May 2016 we found that where the non-therapeutic circumcision of male children was performed, (for religious or cultural reasons) the practitioner did not always give consideration to British Medical Association good practice guidelines which state that “usually and where applicable both parents must give consent for non-therapeutic circumcision”.

- On our follow up focussed inspection on 14 December 2016 we found that the consent form used by the practice reflected this guidance and that although two signatures were sought, the practitioner told us that this was not always possible. We saw evidence that the signature of both parents had been obtained in a number of cases. Consideration must continue to be given to best practice in this area.
- We noted in our report in May 2016 that equipment used during the circumcision procedure was worn and required replacing. At this inspection we saw that the equipment had been replaced.

Overview of safety systems and processes.

During our inspection on 10 May 2016 we found that some policies were overdue a review and safeguarding training required updating. We also found that the systems and processes to address risks in relation to vaccine storage were not implemented well enough to ensure patients were kept safe. We found that vaccines had not been stored at the correct temperatures and that for a number of months staff had failed to take action when the vaccine fridge temperature reading was higher than the recommended upper range identified by Public Health England.

At this inspection on 14 December 2016 we found improvements had been made:

- We saw that the practice had reviewed their policies and procedures.
- At this inspection we found that safeguarding children and vulnerable adults training had been updated by all staff at the practice and that training was relevant to their role. For example, GPs were trained to safeguarding level three.

- At this inspection we found that the arrangements for managing vaccines, in the practice kept patients safe (including recording, handling, storing, security and disposal). The practice had a system in place to ensure that vaccine storage and management was carried out in line with Public Health England guidance. Staff had undertaken appropriate training and the staff we spoke with on the day of inspection had a good knowledge of their role in vaccine management.
- We saw that the practice had raised the issue of the fridge temperatures as a significant event and used this as a learning process. The practice had liaised appropriately with other agencies for support, including NHS England.

Monitoring risks to patients

During our inspection on 10 May 2016 we were told of examples where reception staff asked clinical questions when patients rang for appointments, patients would then be directed to the ‘Pharmacy First’ Scheme if the receptionist thought this was appropriate. Reception staff were effectively assessing patients and making a clinical decision. This was not safe practice.

At this inspection on 14 December 2016 we found improvements had been made:

- We found that the practice had introduced a protocol and patients who did not need to see a GP could be directed to the ‘Pharmacy First’ Scheme by reception staff in a safe manner. Additionally the practice had introduced a ‘first contact template’ on the computer system which would direct reception staff who to contact in case of concerns or an emergency.
- We saw that in house training had been provided to staff in how to safely use the pharmacy scheme. Staff told us that children under two and patients over 65 were not referred to this scheme.

Arrangements to deal with emergencies and major incidents

- On the day of our inspection in May 2016 the child oxygen mask was missing, we were told this had been recently used and it was replaced during our visit. At this inspection we saw that a child oxygen mask was available.