

Manningham 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?	Good	
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 Manningham Medical Practice on 25 October 2016.

Overall the practice is rated as good.

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

- The safety of staff and patients was a priority of the practice and there was an effective system in place for reporting and recording significant events. These were reviewed within the practice and by the provider.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged to attend additional training and the practice supported the learning and development of all staff.
- Patients said they were treated with compassion, dignity and respect.
- 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.
- Patients said they did not find it easy to make an appointment with a named GP and there was not always continuity of care. Urgent appointments were available with both GPs and nursing staff the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A health advisor was available for one afternoon per week. The practice also offered access to an in-house benefits advisory service every Monday, where patients could get help with benefits, claims, forms, immigration and debt issues.
- We saw that the practice carried out comprehensive checks for locum GPs and had recently implemented "end of shift" forms. These tick lists encouraged locum GPs to review their responsibilities and work load and were handed to the practice manager prior to leaving

Summary of findings

the practice. The practice also provided a one page quick reference guide for locums and a more detailed file was kept in each clinic room which would assist with referrals, protocols and contacts for example.

- There was a clear and effective leadership structure. Staff felt very supported by the management in the practice and also by the wider management team. The practice proactively 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 practice had a patient engagement lead and an active Patient Participation Group (PPG).

The areas where the provider should make improvement are:

The practice should review the results of patient satisfaction surveys, including the GP patient survey and ensure that it can meet the needs of their patient population in the future and improve access.

Review their arrangements for clinical audit at the practice. Clinical audits should be clearly linked to patient outcomes, monitored for effectiveness and be comprised of two or more cycles to monitor any improvements made to patient outcomes.

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.

- There was an effective system in place for reporting and recording significant events, these were reviewed within the practice and by the provider.
- We saw evidence that lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that a sample handling protocol had been reviewed following an incident.
- 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 did not formalise near misses for example, incidents where patients were abusive to staff. We discussed this with the team who told us that although these were well managed, it reduced the opportunity for the wider team to learn from these incidents.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, there was an identified safeguarding lead at the practice and further support available from the corporate team.
- Safeguarding training included relevant issues such as forced marriage, information regarding female genital mutilation and Prevent training. (This offers an introduction to the Prevent duty, and explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves).
- Risks to patients were assessed and well managed.
- We saw that the practice carried out comprehensive checks for locum GPs and had recently implemented “end of shift” forms.
- Non-clinical staff used a clinically developed protocol to assist them to prioritise patient requests for appointments.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Good



Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance, we saw clear processes which ensured that staff were aware of these. For example, clinical and staff meetings and a monthly corporate bulletin.
- We did not see that audits undertaken at the practice demonstrated improvements in patient care. The practice said they would review their audit processes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of annual appraisals and personal learning and development plans for all staff, which were carried out by suitably trained individuals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Unplanned admissions were followed up by the clinical team and patients were invited for reviews if necessary.

Are services caring?

The practice is rated as good for providing caring services. We observed a strong patient-centred culture:

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice viewed themselves as a holistic community resource which was valued by the patients.
- The practice was fully understanding of the needs and diversity of the patient population and we were told that they would often translate letters for patients from other agencies and make appointments for those who could not speak English. For example, for dental appointments.
- We saw staff treated patients with patience, kindness and respect, and maintained patient and information confidentiality. Calls to the practice were answered at a remote central location by call handlers.

Good



Summary of findings

- A health advisor was available for one afternoon per week and worked alongside the diabetic nurse. The practice also offered access to an in house benefits advisory service every Monday where patients could get help with benefits, claims, forms, immigration and debt issues.

Staff had completed customer care training and conflict resolution. We observed staff treated patients and each other with dignity and respect.

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 City Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The provider encouraged the practices they managed to meet regularly and discuss issues such as significant events and review best practice.
- Patients said they did not find it easy to make an appointment with a named GP.
- Urgent appointments were available the same day with GPs and nursing staff. We saw evidence that patients requiring blood tests could be accommodated almost immediately.
- Patients said they did not find it easy to get through to the surgery by telephone.
- 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.
- There was a patient suggestion box and an electronic tablet in the waiting area to encourage patients to leave their feedback. The reception area also displayed information for patients regarding a number of conditions, support which was available to patients and information from the patient participation group.
- In response to increased demand for vaccinations at the time of the annual Hajj pilgrimage, (the annual Islamic pilgrimage to Mecca), the practice told us that they offered more appointments and had a flexible approach to clinics to allow patients to attend after work.
- Consideration was given to the languages spoken by the staff team and rota's ensured that the staff on duty could speak the

Good



Summary of findings

languages reflective of the local population including Bengali, Punjabi, Urdu and English. One member of staff told us they were learning some basic Urdu so that they could communicate better with the patients.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were committed to the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt very supported by the practice management and the wider corporate management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Staff also attended 'sharing meetings' with other practices run by the provider.
- 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 engaged constructively with the staff team and they were supported to develop their roles and competencies, we were told of high levels of staff satisfaction.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous development, learning and improvement at all levels.
- The provider arranged quarterly 'away days' for staff which included training, updates and the opportunity to network with their other practices.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and liaised with the community matron to manage their needs.
- The practice was responsive to the needs of older people, and offered home visits for urgent needs, health monitoring and flu vaccinations. An interpreter would be taken on a home visit if required.
- There were urgent appointments for those with enhanced needs.
- All the patients in this age group had a named GP.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held a diabetes clinic weekly where the practice nurse was supported by a health advisor who was fluent in three languages relevant to the patient population. On alternate weeks this clinic would also include a dietician and blood glucose levels could also be assessed and reviewed.
- Longer appointments and home visits were available when needed. For example, reviews for diabetic patients were 30 minutes long and would include demonstrations of how to carry out chair exercises for the less mobile.
- The practice population was identified as being at risk of developing diabetes. The practice participated in CCG led initiatives and the HCA had developed a basic “Are you at Risk?” pack which was available in reception and gave patients some basic information regarding diabetes.
- 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 offered ECG's, 24 hour blood pressure monitoring, Doppler tests (an ultrasound test that uses high frequency sound waves to measure the amount of blood flow through

Good



Summary of findings

your arteries and veins), and spirometry testing. (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 accident and emergency (A&E) attendances. Immunisation rates were comparable to CCG and national averages 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. Urgent appointments were available the same day.
- The percentage of women aged between 25 to 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 79% which was in line with the CCG average of 76% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw the practice offered access to midwives, health visitors and school nurses. A joint clinic conducted by the practice nurse, health visitor and a GP was held every week.
- The practice maintained close links with the district nursing and health visiting teams. The midwifery team were situated in the same building.

Good



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 held an extended hours clinic on a Monday until 7.30pm and patients could access GP and nursing appointments from 8.10am.

Good



Summary of findings

- Patients could book appointments up to two weeks in advance and on line services were available.
- Text message reminders were sent to patients to remind them to attend their booked appointments.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

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 hospital admissions, travellers and those with a learning disability.
- The practice had identified 18 patients with a learning disability and offered longer appointments, care plans and annual health checks for these patients. The team had recently met with the local learning disability community team to update their knowledge
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations for example, carers' support.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were clear with regards to their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A health advisor was available for one afternoon per week and the practice offered access to an in house benefits advisory service every Monday where patients could get help with benefits, claims, forms, immigration and debt issues.

Good



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).

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 86% and national average of 84%.

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months was 97% compared to the CCG and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and were offering physical health checks for patients with severe mental illness.
- 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. Opportunistic dementia screening was carried out as appropriate and any concerns were referred to the GP.
- The practice had identified a low prevalence of dementia within their population and were being more proactive to identify those at risk.

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 CCG and national averages. Data showed that 360 survey forms were distributed and 54 were returned. This represented a response rate of 15% (or 1% of the practice patient list), which is lower than the national average of 38%.

- 40% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 64% 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 70% and the national average of 76%.
- 58% of patients described the overall experience of this GP practice as good compared to the CCG average of 70% and the national average of 85%.
- 49% 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 58% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, of which 23 were positive about the standard of care received. Three people who made positive comments also said that they had struggled to make appointments through the call centre used by the provider and that the centre did not answer the telephone promptly.

Overall, the comments were very positive and staff were described as respectful, helpful and professional.

We spoke with two patients during the inspection and one member of the patient participation group. The patients said they were treated with dignity and respect and that the GP listened to them and involved them in their care. The patients we spoke with said it was difficult to make 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. Data showed that 78% of patients would be likely or extremely likely to recommend the surgery to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

The practice should review the results of patient satisfaction surveys, including the GP patient survey and ensure that it can meet the needs of their patient population in the future and improve access.

Review their arrangements for clinical audit at the practice. Clinical audits should be clearly linked to patient outcomes, monitored for effectiveness and be comprised of two or more cycles to monitor any improvements made to patient outcomes.

Manningham 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.

Background to Manningham Medical Practice

Manningham Medical Practice provides services for 3,661 patients and is situated at Lumb Lane, Bradford, BD8 7SY.

Manningham Medical Practice is situated within the Bradford City Clinical Commissioning group (CCG) and provides primary medical services under the terms of an alternative provider medical services (APMS) 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 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 slightly different to the national average with lower numbers of patients aged over 45 and higher numbers of patients aged below 44. This is in common with the characteristics of the Bradford City area. The profile shows that 69% of the practice population is from a south Asian background with a further 9% of the population originating from black, mixed or non-white ethnic groups.

There is one salaried female GP at the practice and male and female locum GPs are used for additional cover. The practice is staffed by two practice nurses and one advanced nurse practitioner and has two health care assistants (HCA's) all of whom are female. The staff team is reflective of the population it serves and are able to converse in several languages including those widely used by the patients, Urdu, Punjabi, Bengali and English.

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

The practice is operated by Local Care Direct who are a social enterprise company. The corporate team includes management staff including a nurse manager, a clinical governance lead and an infection prevention and control lead who support the day to day management of the practice.

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 72 years compared with a CCG average of 73 and a national average of 79. Female life expectancy is 78 years, CCG average 79, national average 83.

Manningham Medical Practice is situated in a purpose built building with good access for less mobile patients, with all clinics being held on the ground floor. It has disabled facilities.

The practice reception is open between 8am and 8pm Monday and Tuesday and between 8am and 6pm Wednesday, Thursday and Friday.

Surgery hours are from 8.10am until 7.30pm on a Monday and between 8.10am and 6pm Tuesday to Friday.

Detailed findings

The surgery is closed on a Saturday and Sunday.

The Out of Hours walk-in service is provided by Local Care Direct at Hillside Bridge Health Centre. Patients are also advised of the NHS 111 service.

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 the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Bradford City Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided both before and during the inspection. We also reviewed the latest available data from the Quality and Outcomes Framework (QOF), national GP patient survey and NHS Friends and Family Test (FFT).

We carried out an announced visit on 25 October 2016. During our visit we:

- Spoke with a range of staff including one GP, the practice manager, the governance and quality manager, two practice nurses, the senior nurse manager, an advanced nurse practitioner, the human resources manager and a member of the non-clinical team.

- Observed how patients were being cared for and treated in the reception area.
- Spoke with a member of the PPG.
- 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.
- We reviewed meeting minutes where complaints, significant incidents and medical alert updates were discussed.
- We reviewed four questionnaires which had been completed by a range of non-clinical staff before our visit.

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 were told that the practice did not formalise near misses which were resolved to the satisfaction of the patient at the time of the issue. For example patients who were abusive to staff. Practice staff told us that although these were well managed, it reduced the opportunity for the wider team to learn from these incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and 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 and discussed the outcomes from these at staff meetings and developed actions from these to prevent reoccurrence.

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, a sample handling protocol was reviewed following a theft from a delivery van. The protocol included guidance to staff to record all samples collected at reception in a log book so that the practice could identify any loss if necessary.

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 and further support available from Safeguarding lead from the corporate team. The GPs liaised with social workers and health visitors where necessary and provided reports for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role, which included issues such as forced marriage, information regarding female genital mutilation and Prevent training. (This offers an introduction to the Prevent duty, and explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves).

- All clinical staff were trained to child protection or child safeguarding level three and non-clinical staff were trained to level one.
- Notices in the practice 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). We were told that DBS checks were renewed every three years.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The provider had an identified infection prevention and control (IPC) clinical lead who liaised with the practice and assisted them to keep up to date with best practice. There was an IPC protocol in place and all staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the renewing of furniture.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, 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

Are services safe?

audits, with the support of the local CCG pharmacy 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 efficient systems in place to monitor their use. We saw that clinicians could sign to “grab” a small number of prescriptions if they ran short which were pre-packed and monitored closely. The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support was given by the clinical nursing lead for this extended role.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSDs) or direction from a prescriber and had a good understanding of this role. (PSDs are written instructions 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 four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, copies of the interview questions and answers, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that health assessments, to include a review of immunisation status were carried out with newly recruited staff and we were told these were acted upon.
- We saw that the practice carried out comprehensive checks for locum GPs and had recently implemented “end of shift” forms. These tick lists encouraged locum GPs to review their responsibilities and work load and were handed to the practice manager prior to leaving the practice. The practice also provided a one page quick reference guide for locums and a more detailed file was kept in each clinic room which would assist with referrals, protocols and contacts for example.

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, a nominated fire warden and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and we saw evidence that portable appliance testing (PAT) would be renewed at the end of the month. 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 asbestos, 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. In addition to this, consideration was given to the languages spoken by the staff team and rotas ensured that the staff on duty could speak the languages reflective of the local population.
- Non-clinical staff used a clinically developed protocol to assist them to prioritise patient requests for appointments.

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.
- Identified staff had 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.

Are services safe?

- 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 and service providers.

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. For example, we saw that the provider circulated a monthly corporate bulletin, which included best practice and updates for staff.
- The practice 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 for 2015/2016 showed the practice had achieved 95% of the total number of points available, which was comparable to the CCG of 93% and the same as the national average. Overall clinical exception reporting was 11% which was above the CCG average of 9% and the national average of 10%. (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). However in areas such as mental health exception reporting was up to 14% higher than CCG averages.

We discussed this with the practice on the day of our visit who felt that several factors, such as patients spending long periods of time in other countries, not understanding the value of regular reviews and not having English as their first language all impacted on the ability of the practice to review patients efficiently.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/ 2016 showed:

- Overall performance for diabetes related indicators was comparable to CCG and national averages. However, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 69% compared to the CCG average of 83% and the national average of 89%.
- Performance for mental health related indicators was better or comparable to CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months was 100% compared to the CCG average of 94% and the national average of 89%.
- There was evidence of numerous clinical audits which had been undertaken by the practice in the last two years, but we did not see that where the improvements were identified, that these had been monitored or the process reviewed.

The practice said they would review their audit processes. We saw some evidence of improvements in patient care for example that patients taking medications such as Aspirin for atrial fibrillation were reviewed appropriately.

- The practice participated in accreditation, peer review and research.

Effective staffing

- Staff had the motivation, skills, knowledge and experience to deliver effective care and treatment.
- The provider ran a comprehensive two day induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. In addition, we saw evidence that topics such as medicines management and customer care were also discussed
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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

Are services effective?

(for example, treatment is effective)

to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Staff told us that they were encouraged to attend regular updates.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and there was evidence of personal learning and development plans. Quarterly away days were held by the provider where training sessions were held and good practice was shared.
- The provider published a monthly bulletin to communicate with the entire staff team. This included information on updated policies, contact details for senior staff and forthcoming training and events.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of 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.
- The practice had recently implemented "end of shift" forms. These tick lists encouraged locum GPs to review their responsibilities and work load and were handed to the practice manager prior to leaving the practice. The practice also provided a one page quick reference guide for locums and a more detailed file was kept in each clinic room which would assist with referrals, protocols and contacts for example.
- Practice staff and patients could also keep up to date with information from the provider via social media.

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. 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.

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 social isolation or developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service including dieticians and exercise programmes.
- A smoking cessation service was available at the practice and patients could also access a Health plus advisor and a benefits advisory service.

The practice's uptake for the cervical screening programme was 79%, which was better than CCG average of 76% and comparable to the national average of 81%. There was a

Are services effective? (for example, treatment is effective)

policy to offer telephone reminders for patients who did not attend for their cervical screening test and letters would also be sent to patients encouraging them to attend. The practice ensured a female sample taker was available.

The practice said that they found it difficult to access the appropriate health promotion information in different languages and that a significant proportion of their patients were unable to read. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Data from 2014/ 2015 showed that childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 100% compared to the CCG average of 62% to 94%. Immunisation rates for five year olds at the practice ranged from 66% to 100% compared to the CCG average of 55% to 90%.

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.
- Telephone calls to the practice regarding appointments were answered in a remote call centre and so private telephone conversations could not be heard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Only one card contained a negative comment. Patients said they felt the practice offered a very good service and staff were respectful, helpful, caring and treated them with dignity. Three people who made positive comments also said that they had struggled to make appointments through the call centre used by the provider and that the centre did not answer the telephone promptly.

We spoke with one member of the patient participation group (PPG). They also told us they had been very involved with the changes that had been proposed to the contract of the service and we saw evidence of regular meetings which were held at the practice and also virtually.

Results from the national GP patient survey showed that not all patients felt they were treated with compassion, dignity and respect. The practice was performing below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 64% of patients said the GP gave them enough time compared to the CCG average of 76% and the national average of 87%.

- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 62% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 76% and the national average of 87%.
- We discussed these results with the practice who felt that the loss of an advanced nurse practitioner and a full time GP had impacted on patient satisfaction. The practice had then struggled to recruit due to the uncertainty regarding the future of the contract.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt somewhat involved in decision making about the care and treatment they received. Patients we spoke with and comment cards reflected that 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 also saw that care plans were personalised.

Results from the national GP patient survey showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 77% and the national average of 86%.
- 50% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and the national average of 82%.
- 62% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

Are services caring?

- One patient that we spoke with said that a ten minute appointment with the GP was not long enough. We discussed this with the practice who told us that patients could request longer appointments if they wished. We saw information that confirmed this.

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

- Staff told us that translation services 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.
- A limited number of leaflets were available in different languages and we saw evidence that the practice was attempting to communicate with patients using easy read formats. The practice was also promoting health promotion initiatives and work undertaken by the patient engagement lead showed that staff were trying to involve patients on an individual level.

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 was highly valued by the local community. When closure was threatened, a petition of over 4,000 signatures had been presented to the CCG, to highlight the concerns of the patients.

The practice was fully understanding of the needs and diversity of the patient population and we were told that they would often translate letters for patients from other agencies and make appointments for those who could not speak English. For example, for dental appointments when patients were in pain.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers or having a carer (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and flu jabs were offered to carers.

Staff told us that if families had experienced bereavement, following the customs of the local community a member of staff would call at the family home to offer their respects and staff would try and attend the funeral. In recognition of the religious and cultural observances, the GP would respond quickly, often outside of normal working hours, in order to provide the necessary death certification to enable prompt burial in line with families' wishes.

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 City Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in CCG led initiatives such as Bradford Beating Diabetes.

- The practice offered an extended hours clinic on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, those with mental health needs and for patients who requested them. Approximately four appointment slots would be held until 12 midday, each day to enable the practice to respond to urgent requests for appointments throughout the day.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. An interpreter would be taken on home visits if necessary.
- Same day and urgent appointments were available to all patients and we were told that appointments for children would be prioritised.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. In response for increased demand for vaccinations at the time of the annual Hajj pilgrimage, the practice told us that they offered more appointments and had a flexible approach to clinics to allow patients to attend after work.
- We saw evidence that patients requiring blood tests could be accommodated almost immediately.
- There were disabled facilities, easy access to the practice and interpreting services available.
- Consideration was given to the languages spoken by the staff team and rota's ensured that the staff on duty could speak the languages reflective of the local population including Bengali, Punjabi, Urdu and English. One member of staff told us they were learning basic Urdu so that they could communicate better with the patients.

Access to the service

The practice reception was open between 8am and 8pm Monday and Tuesday and between 8am and 6pm Wednesday, Thursday and Friday.

Surgery hours were from 8.10am until 7.30pm on a Monday when an extended hours clinic was held and between 8.10am and 6pm Tuesday to Friday.

The surgery was closed on a Saturday and Sunday

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The majority of appointments were bookable on the day. The practice had reduced the length of time that appointments could be booked in advance due to high rates of patients who did not attend. For example, in September 2016, 161 patients did not attend for pre-booked appointments.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 78%.
- Only 40% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.

In response to this the surgery had implemented sit and wait appointments and the majority of appointments were book on the day. People told us on the day of the inspection that they were able to get appointments when they needed them. Urgent appointments were available the same day with the GPs and nursing staff.

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.

Requests for a home visit would be clinically triaged by the GP who would be sent a task by the administration team. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns, complaints and compliments.

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 and these were forwarded to the complaints manager.
- We saw that information was available to help patients understand the complaints system and patients could also telephone the provider to log a complaint.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely manner. We saw openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints. For example, when a patient's complaint was upheld, we saw an action plan detailing additional training for staff and changes to the reviewing of pre-booked appointments were made. Monthly meetings were held by the provider where their three practices would discuss complaints.

We saw evidence that the practice had received five written compliments from patients between August and October 2016. A range of staff were praised for their care and professionalism.

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 which was to provide patients with a high quality primary care service.
- Staff demonstrated they understood the ethos and values of the practice, and their responsibilities in relation to these.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored at a practice and provider level.

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 in paper form and on the intranet.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the management in the practice and the provider 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, respectful and compassionate care. Staff told us that they were able to access support from any number of people at the practice. Staff we spoke with on the day, and information from questionnaires we received prior to inspection, could not speak highly enough of the supportive team atmosphere both in the practice and also from senior corporate staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. 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
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they were encouraged to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held quarterly.
- Staff said they felt respected, valued and supported, and numerous staff spoke of a family atmosphere and said they loved going to work. All staff were involved in discussions about how to run and develop the practice, and the practice and provider 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and worked closely with the team to take health messages to the local community. For example, the practice had decided to also hold a virtual PPG to enable patient views to be heard and fed back.
- The practice had gathered feedback from staff through ad hoc discussions, staff away days and generally through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Additional time was given to book on the day appointments when staff noted that telephone

Are services well-led?

Good 

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

appointments were not reflective of the needs of the community due to language barriers. Staff told us they felt involved and engaged to improve how the practice was run.

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 to improve outcomes for patients in the area.

Staff told us they were actively encouraged to learn and develop their skills and we were given examples of staff being supported to begin training as nurses.