

# Cliffe Avenue Surgery

## 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	Outstanding	
Are services safe?	Good	
Are services effective?	Outstanding	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

# 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 Cliffe Avenue Surgery on 1 March 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice is part of a federation of practices, Trust Primary Care Ltd, developing new innovative services and part of One City, One Voice, Bradford Care Alliance CIC, a district wide collaboration of practices in a Community Interest Company which is a not for profit organisation delivering services.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met

patients' needs. For example, the practice engages with the Clinical Commissioning Group and NHS England Area Team at CCG monthly meetings. Needs of the patients are discussed along with details of existing and new services, updates on service improvements and focussed schemes are developed to improve the health of the population.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, providing improved car parking and installing water coolers and air conditioning in the waiting areas.
- The February 2016 friends and families test showed that 100% (117) would recommend this service to their friends and family.
- 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 had a clear vision which had quality and safety as its top priority.

# Summary of findings

- The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw several areas of outstanding practice including:

- The practice received the Bradford Healthy Hearts award 2016. This involves working closely with hospital consultants and other health professional, on the prevention, diagnosis and management of cardiovascular disease.

**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?

Good



The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The practice has achieved 30 years of continuous improvement of the patient participation group (PPG) established in 1985.

### Are services effective?

Outstanding



The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group.
- 91% said the last nurse they saw or spoke to was good at involving them in decisions about their care. Local (CCG) average:83%National average:85%
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

# Summary of findings

- The practice had the highest score for “how helpful do you find the receptionist at the practice” in a District wide patient survey in January 2016. Patients in the same survey reported a very high level of trust in GPs and Practice Nurses.
- The practice was nominated for the Health Education England’s talent for care employer of the year 2016 award. This enabled the practice to challenge and support every practice employee to be part of a development programme that is over and above annual appraisals and mandatory training.
- The practice offers a young person’s drop in clinic for sexual health.
- The practice offers in house advice, vouchers to patients for the local gym and swimming classes to support patients to live a healthy life.
- Bradford Healthy Hearts award 2016. This involves working closely with hospital consultants and other health professionals, GPs at the practice are reducing the number of people suffering from cardiovascular disease. Healthy Hearts is leading the way in the prevention, diagnosis and management of cardiovascular disease.
- Highest rating in Bradford Districts Ipsos MORI patient experience survey in January 2016 with consistently high ratings in previous surveys.
- Kathy Phipps award winners in 2011. This Award has been established to encourage general practices to provide higher standards of care for their teenage patients in keeping with the objectives of the Royal College of General Practitioners.
- Established community services in-house, for example minor eye surgery, seated exercise classes, retinal screening and audiology services.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

**Outstanding**



# Summary of findings

- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Recently the practice took the PPG steering group for afternoon tea at a local hotel in Ilkley as a thank you for the work they had done.
- Patient group Christmas party was held at Windhill Green Medical Practice each year for the PPG, including buffet lunch provided by the practice, quizzes, raffle, presentations of flowers and gifts to the committee members. Practice staff helped with the event.
- Relationships with patients were effective, an example being a patient came to the practice when the snow was falling and driving conditions were bad and wanted to “give something back” for the excellent care they had received by driving GPs to their visits in their own off road vehicle.
- Reception staff have on several occasions delivered prescriptions to patients when they have missed the pharmacy delivery. To ensure patients were not left without medication.
- Practice staff ensuring frail patients were safe by accompanying them home from their appointment or assisting them to get to their appointment.
- Patients have volunteered to help in getting patient feedback. Sitting in reception and encouraging other patients to give feedback, using both real time feedback with handheld devices and with the Friends and Family test. The last effort produced over 1000 responses.
- Members of the PPG have served other patients with tea and coffee during the flu clinics and have done this for many years. This started as they wanted to “give something in return for the care they received” and has continued on a voluntary basis ever since.
- The practice had recently donated an ultrasound machine to an Outreach charity. This was a piece of equipment in

# Summary of findings

perfect working order but which needed an upgrade and rather than trade in the equipment the partners had the hard disk replaced to remove any patient data and donated it so that it could continue being useful.

## Are services responsive to people's needs?

**Good**



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 Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice engages with the Clinical Commissioning Group and NHS England Area Team at CCG monthly meetings. Needs of the patients are discussed along with details of existing and new services, updates on service improvements and focussed schemes are developed to improve the health of the population.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

**Outstanding**



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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.

# Summary of findings

- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development.
- Nominated for Health Education England (HEE) Employer of the Year award 2016. This award acknowledges practices that have an outstanding education and training contribution to service transformation.
- First practice in the district to have achieved Royal College General Practice Quality Award on two successive occasions (2002 and 2008).
- “You’re Welcome” certificate of recognition in 2011 for services for young people. This award is a result of excellent partnership working between the medical practice and the Council’s public health team and is a huge step forward for young people who have taken part in the process.
- The practice has had excellent staff retention, four staff members over 25 years employment and 15 with over 10 years employment.
- The practice supports medical students seeking to gain experience in general practice.
- Individual achievements of GPs via PGCE Primary Care Medical Education which champions quality in education. Two GPs are honorary tutors at Leeds University.
- The practice has recently become a training base for nursing student.
- In its effort to improve services for people with diabetes, the practice has volunteered to be part of the medical school research initiative on diabetes care.
- The practice has taken part in several research projects including Arthritis, Diabetes study in the past few years as a member of the Primary Care Research Network and previously to this with the Medical Research Council.

# 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

**Outstanding**



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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice ensures patient and carers receive appropriate coordinated, multi-disciplinary care (including those who move into a care home, or those returning home after hospital admission).
- The multidisciplinary team of 'Community 4' reviewed care packages to co-ordinate care. The practice is part of a service to ensure patients in nursing homes have care plans and regular reviews which includes sharing of records with nursing homes which has improved access to records for staff caring for patients in these nursing homes.
- Unplanned admissions and readmissions for this group regularly reviewed and improvements made. The practice has a lead GP for the avoiding unplanned admissions initiative. The GP regularly reviews the at risk patients and develops care plans together with the multidisciplinary team of Community 4. The team includes social workers, mental health workers, voluntary sector workers, health visitors, district nurses and GPs.

### People with long term conditions

**Outstanding**



The practice is rated as outstanding 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 percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 81% with a national average of 78%.

# Summary of findings

- Longer appointments and home visits were available when needed.
- 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 facilitates patient access to other healthcare, advice and support services for patients and plays a navigator/coordinator role e.g. through for instance their 'Community 4', Citizens Advice Bureau, Avoiding Unplanned Admissions, Chronic Disease Management, Diabetic clinics, and Virtual Wards.
- Bradford Healthy Hearts award 2016. The practice works closely with hospital consultants and other health professionals. GPs at the practice are reducing the number of people suffering from cardiovascular disease. Healthy Hearts is leading the way in the prevention, diagnosis and management of cardiovascular disease.
- Research which is currently being conducted at the practice includes taking part in ASPIRE (Action to Support Practices Implementing Research Evidence) research aiming to further improve the care of people with diabetes.
- The practice is in the top quartile and the fifth best practice in West Yorkshire relating to the Aspire project with regards to diabetes.
- The practice has taken part in the early Arthritis and Diabetes studies in the past few years as a member of the Primary Care Research Network and previous to this with the Medical Research Council.

## Families, children and young people

The practice is rated as outstanding 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.

**Outstanding**



# Summary of findings

- 83% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months compared to national average of 75%.
- 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 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 89% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice used a proactive approach to reach out to young people in the form of WISH (a young person's drop in clinic for registered and non-registered patients), Facebook, the practice website, (contraceptive and sexual health drop in clinics) for registered and non-registered patients, Citizens Advice Bureau sessions weekly in the practice, HALE – social prescribing within the practice.
- People were encouraged to participate in health promotion activities, such as breast screening, cytology, smoking cessation. Patients have been able to benefit from health and lifestyle projects such as educational and health screening tools
- Regular talks at PPG on health promotion by clinical staff.
- Women who fail to attend for their smear test; or those who have an abnormal result are followed up and closely monitored.
- Practice used a Facebook page to connect and engage with young people.

## 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.

**Good**



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Bradford Healthy Hearts award 2016. This involves working closely with hospital consultants and other health professionals, GPs at the practice are reducing the number of people suffering from cardiovascular disease. Healthy Hearts is leading the way in the prevention, diagnosis and management of cardiovascular disease.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 plus.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in such circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

Good



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

- 85% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

# Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 99% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice provided advice to patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff will be undertaking Dementia Friendly training provided by the Alzheimer's Society. The practice will be taking advice from the training providers on the new design of the reception areas to improve the dementia friendliness of the practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on January 2016 The results showed the practice was performing well above the local and national averages. There were 281 survey forms distributed and 130 (46%) were returned. This represented 1% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 64%, national average 73%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 93% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

Data shows that the patients rate the practice much higher than others for all aspects of care as shown above.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. The February 2016 friends and families test showed that 100% (117) would recommend this service to their friends and family.

## Outstanding practice

- The practice received the Bradford Healthy Hearts award 2016. This involves working closely with hospital consultants and other health professional, on the prevention, diagnosis and management of cardiovascular disease.

# Cliffe Avenue Surgery

## 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 practice nurse specialist adviser and a practice manager specialist adviser.

## Background to Cliffe Avenue Surgery

Cliffe Avenue Surgery is a branch surgery to Windhill Green Medical Practice which serves the communities of Baildon, Shipley and Thackley and has been for over 50 years. The practice plays an active part in quality and health initiatives within the local area and nationally. The practice offers a full range of Primary Care Services and also additional services in the Emerald Suite, attached to Windhill Green Medical Centre.

Cliffe Avenue Surgery is situated within the Bradford District Clinical Commissioning group and is registered with CQC to provide primary medical services under the terms of a primary medical services contract, (PMS). This is a locally negotiated contract which allows NHS England to contract for services from non NHS bodies. The practice serves 12,516 patients across the two sites.

Cliffe Avenue Surgery is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services. They offer a range of enhanced services such as childhood immunisations. The practice offers drop in clinics for emergency cases and babies plus a range of advice, counselling and support services.

The practice offers services to an equal number of male and female patients.

The practice team consists of eight GP partners, four male, four female, four salaried GPs, a practice nurse team of seven supported by three health care assistants and 27 administration staff covering reception and all the backroom functions .

The practice is open between 8am and 6:30pm Monday to Friday with appointments available between these times.

On a Thursday Windhill Green Medical Practice is open between 8am and 8pm for extended hours appointments . Saturday opening was available from 8:30 to 11:30am with a telephone service available from 8:30 to 10:30am.

When the surgery is closed patients can use the NHS 111 service, which accesses after hours services from Local Care Direct.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

# Detailed findings

## 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. We carried out an announced visit on 1 March 2016.

During our visit we:

- Spoke with a range of staff (final year medical students, administration staff, health care assistants, nurses and GPs) and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and family members
- Reviewed comment cards where patients and members of the public 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Safety alerts are received by email and picked up by a GP. Where relevant to the practice they are forwarded to the relevant team to action e.g. medical equipment recalls are directed to the practice nursing team, and the alert is placed on the internal intranet for reference.

When there were unintended or unexpected safety incidents, patients received appropriate support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room and on each clinical room advised patients that chaperones were available if required. All staff who acted as chaperones were trained

for the role and had received a Disclosure and Barring Service check (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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We saw data which evidenced that 29% of patients were registered for electronic prescribing.
- 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 and the appropriate checks through the Disclosure and Barring Service.
- 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.

### 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. 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

## Are services safe?

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 term for a particular bacterium which can contaminate water systems in buildings).

- The practice had recently invested in new defibrillation equipment, spirometry equipment, new electrocardiogram (ECG) machine, 24hr Blood Pressure (BP) machines, and BP monitors to loan to patients, to allow for extra capacity in clinics, due to demand, and ensure reliability.
- 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 that enough staff were on duty.
- The GP master rota was managed by a GP and the operational manager in the practice. The rota combined all the GP surgeries, the duty doctor (DD), On-call rota and the visiting rota. The rota was sent out to the GPs electronically a month ahead and the rota was discussed as an agenda item fortnightly at the business meetings. Staff shortage was usually managed in-house with GPs putting on extra clinics, or by them seeing a few extra patients each. For longer term sickness the practice had in the past used a reputable locum agency.
- The Practice Nurse rota was discussed monthly at the practice nurse meetings held on the 1st Thursday of the month and their clinics were put directly onto the IT system. Any prolonged sickness was covered by enlisting the support of the Primary Care Support Team who could provide locum nursing staff.

- The receptionists have a weekly rota for each site. One receptionist at each site takes the lead in producing this rota and discussing any rota changes with the other members of the team. Where cross cover is required the two receptionists arrange this together in communication with the rest of the team.

### **Arrangements to deal with emergencies and major incidents**

The practice had appropriate 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.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- 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 were 99% of the total number of points available, with 6% exception reporting. (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 not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the CCG and national average, 98% with a national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% (2015/16) compared with the CCG (79%) and national average (78%).
- Performance for mental health related indicators was better than the CCG and national average 100%, CCG average 91% national average 93%.

Clinical audits demonstrated quality improvement.

- There had been 33 clinical audits completed in the last two years, 18 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit findings included setting up an opioid clinic providing support for patients misusing opioid medicine. The new service will be held within the practice following an audit initiated in November 2014 (1st round) and completed in February 2016 (2nd round). The service is planned to be provided in the practice by The Bridge Project from May 2016 to reduce dependency on Opioids.

Information about patients' outcomes was used to make improvements such as; novel oral anticoagulants (NOAC) in reduced kidney function audit. This audit identified patients who required dose adjustments to their anticoagulation therapy according to their kidney function test results. This ensures dosing remains safe for the individual patient.

Review of unordered repeat prescriptions, this audit has identified patients who have not been ordering their repeat prescriptions, who therefore may not have been receiving optimal treatment. The practice has identified these patients and reviewed their notes and appropriate action was taken. The practice has optimised their treatment and identified why medication may not have been ordered or taken according to the repeat prescription instructions.

Mirabegron (treatment for the symptoms of overactive bladder in some people) and blood pressure audit was undertaken by the practice. This audit was triggered by a Medicines and Healthcare Products Regulatory Agency (MHRA) alert and identified patients whose blood pressure was raised while taking this medication. Those patients affected were contacted and appropriate advice given.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.
- 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice was supporting patients to live healthier lives through smoking cessation, health checks, health trainer, exercise classes, alcohol intervention, pre-diabetes, PPG talks on various clinical topics.
- The practice offers in house advice, vouchers to patients for the local gym and swimming classes to support patients to live a health life.
- Bradford Healthy Hearts award 2016. This involves working closely with hospital consultants and other health professionals, GPs at the practice are reducing the number of people suffering from cardiovascular disease. Healthy Hearts is leading the way in the prevention, diagnosis and management of cardiovascular disease.



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

The practice's uptake for the cervical screening programme was 89%, which was better than the national average of 73%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Information on national screening programmes was on the practice website, in the information room and the practice had an in-house screening service.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 94% to 97%. Flu vaccination rates for the over 65s were 76%, and at risk groups 56%. These were also comparable to CCG and national averages of 76% and 51%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 96% said the GP gave them enough time (CCG average 85%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

These survey results are significantly better than CCG and national averages, which has been acknowledged in the local newspaper. The practice had a front page headline in January 2016.

### Care planning and involvement in decisions about care and treatment

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 on the comment cards we received was also 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:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 82%)
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%)

These survey results are significantly better than CCG and national averages.

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.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.



## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers, this is comparatively low. The practice and the carer's resource representative told us that not all carers wished to be identified as carers and that it was a challenge to get patients to give consent to them being recorded on the IT system. The practice actively encouraged carers to maintain their own health and supported carers through various efforts, including:

- The practice invited patients for an annual health check with the practice nurses who signposted the carers to the support they could receive.
- The practice offered avenues of support with finances, regular telephone support to provide a listening ear or face to face support for carers needing more practical support. The carers' resource, HALE, cancer support, Age UK, Windhill & Baildon community centres, luncheon clubs, expert patient groups, Alzheimer's society and dementia support groups all provided support locally via the practice to help carers'.
- The resource groups were frequently invited to attend 'Practice Based Education Sessions', 'Primary Health Care Team' meetings and 'Community 4' meetings to update the practice teams on the services they could offer to patients, which the practice team disseminated to patients.
- Carers were often identified by district nurses on community visits, GPs and practice nurses during consultations and on home visits, and were recorded at reception when a carer accompanied a patient to the practice.
- Carers were also identified in 'Community 4' meetings where GPs from five practices met together with district

nurses, physiotherapists, social workers, mental health team workers and voluntary agencies to discuss specific cases and management plans to improve the care of the patients and help their carers to cope. This was a result of greater clinical input, community input and social interventions.

- This year's patient participation event will have two elements to focus on, Diabetes and carers, with the aim of increasing the register of carers that the practice held which has resulted in offering appropriate support and advice. The PPG representatives invite a member of the carers' resource team to an educational event so that they themselves were aware of local resources. The PPG will be present for the whole week in both Windhill and Baildon waiting areas making contact with patients as they visited the practice. The PPG gave the practice information on what advice and support was available to carers and they encouraged them to register as a carer if this was appropriate.
- Carer registration cards were on display in the waiting areas. The carers were encouraged to complete the form which was then sent to the coders in the practice to add the "is a carer" code to the practice IT system. Invitations for health checks were sent to patients registered as carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice ensured that it informed the hospital of the bereavement in order to prevent future communications causing distress to relatives.

# 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a Primary Care Specialist Alcohol Advisor from Lifeline Bradford within the practice and a benzodiazepine specialist drug worker. The prescribing support service provide home medication reviews for patients unable to get to the practice. The practice was taking part in a pilot project dealing with opioid (pain medication) dependent patients.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- 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.
- There were facilities for people with disabilities, a hearing loop for people with hearing impairment and interpreter services available.

The practice had plans to become a "Dementia Friendly" practice and had engaged the Alzheimer's Society to deliver training to staff and advise on the design of the reception and waiting areas in the practice.

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 08:10 to 6:20pm daily. Extended surgery hours were offered at the following times

on Thursday and every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 67% patients said they always or almost always see or speak to the GP they prefer (CCG average 49%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There were designated responsible people who handled all complaints in the practice (Operational Manager and Practice Manager).
- We saw that information was available to help patients understand the complaints system.

We looked at 22 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, automated entrance doors and the introduction of a hearing loop.

# Are services well-led?

Outstanding



(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 displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice values are set out and are reviewed and reinforced at the annual away day which is attended by all the partners and the practice manager. An independent person was commissioned to facilitate these sessions. We saw evidence that the practice used the away day to reflect over the previous 12 months their achievements, their challenges, what they did well or what could have been done better. The aim of the day was to set the vision for the next 12 months ahead, the short-term goals, and to look ahead to what will impact on the next five years. At their last meeting they looked at their work-life balance and the impact changes might have on this.

The partners reviewed the plan six months after the away day to review progress. A clear strategy was formulated for the next 12 months from the discussions at the away day and these concerned:

- The financial stability of the practice
- Management of the practice
- Human resources and succession planning
- Wider implications of government policies on the NHS
- The PMS contract review
- QOF and other quality initiatives/schemes
- Development of the practice teams
- Development of Trust Primary Care Ltd and One City, One Voice Bradford Care Alliance CIC community interest company.

### 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
- A programme of continuous clinical and internal audit which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people appropriate support, truthful information and a verbal and written apology
- They 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.

# Are services well-led?

Outstanding



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

- 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 in doing so and felt supported if they did. We noted team away days were held every 12 months.
- 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. 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, provision of water coolers, air conditioning and a photo board for staff.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management e.g. improved car parking. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong 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. Developments are discussed openly with the practice team and with the PPG steering group. There is a standing agenda item at the beginning of every practice based education session to communicate news and developments affecting the practice.

## Training Ethos

The practice has been a training practice for 38 years and has taken up to three GP Trainees, four medical students on four week rotations, Clinical Science students, physicians associate, pre and post graduate nurses.

Training and mentoring is embedded within all the practice staff for Induction programmes delivered by team leaders, individual mentoring time, annual personal development interviews, tutorials, education in our Practice Based Education sessions.

The practice uses apprenticeships to develop receptionists, and health care assistants.

The practice was nominated for the Health Education England's talent for care employer of the year 2016 award. This enabled the practice to challenge and support every practice employee to be part of a development programme that is over and above annual appraisals and mandatory training.

Also

- The practice supported medical students seeking to gain experience in general practice.  
  
As it is a teaching practice and being a Leeds University associated teaching practice. The practice has an annual visit, peer reviews and inspections. The practice delivers highly valued third and fifth undergraduate year experiential placements as well as a longitudinal clinical placement for the new Physicians Associate course. The practice also have hosted elective students and annually host a student as part of Leeds Universities widening access scheme.
- Individual achievements of GPs via PGCE (Postgraduate Certificate in Education) Primary Care Medical Education which champions quality in education. Two GPs are Honorary tutors at Leeds University.
- The practice has recently widened access to training nursing staff to promote recruitment and retention of nursing staff.
- Research which is currently being conducted at the practice includes taking part in ASPIRE (Action to Support Practices Implementing Research Evidence) research aiming to further improve the care of people with diabetes.

# Are services well-led?

Outstanding



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

- The practice is in the top quartile and the fifth best practice in West Yorkshire which related to the Aspire project with regards to diabetes.
- The practice has taken part in the Early Arthritis study and a Diabetes study in the past few years as a member of the Primary Care Research Network and previously to this with the Medical Research Council.