

Care Quality Commission

Inspection Evidence Table

Baildon Medical Practice

(1-541038472)

Inspection Date: 9 and 10 November 2023

Date of data download: 07/11/2023

Overall rating: Good

Safe

Rating: Requires Improvement

The provider was rated as requires improvement for the provision of Safe services due to concerns regarding:

- Oversight and management of premises and health and safety requirements.
- Medicines management and patient reviews.
- Staff named as fire marshals had not received appropriate training.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff had completed the appropriate level of safeguarding training for their roles. • There were safeguarding leads in place. All clinical and non-clinical staff we spoke with knew who the safeguarding leads at the practice were. • There were policies and procedures in place to support safe systems and processes in the practice. • There were systems in place to follow-up children with frequent attendance at accident and emergency, and when children had not been taken to secondary care or immunisation appointments. • We saw that safeguarding was a standing item on the practice clinical meeting agenda. • Staff responsible for chaperoning had received appropriate training for this role. At the time of the inspection the practice policy stated that all clinical staff should be trained for chaperoning, but this was immediately changed to reflect the staff carrying out the role. • As part of this inspection, we reviewed safeguarding records and found appropriate identification, coding and flagging of vulnerable children and adults. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a recruitment policy, an induction policy, and a locum pack available which documented all the necessary information, checks and procedures required for staff recruitment. • We reviewed 3 staff recruitment files, which included clinical and non-clinical staff, and found that documentation was generally in line with guidance. However, there was evidence that staff references were not always verified to ensure they had come from an appropriate source. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Partial
Date of last assessment: 08/2023	
There was a fire procedure.	Yes
Date of fire risk assessment: 11/2022	
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence:	

- We reviewed maintenance records and saw the practice had undertaken fire alarm and fire extinguisher checks.
- The fire risk assessment had highlighted an overall minor risk. We saw that all actions had been completed apart from emergency lighting servicing. We saw evidence that servicing had been carried out soon after the inspection.
- Fire alarm and emergency lighting checks were carried out weekly. There had been a fire evacuation drill in August 2023.
- We saw evidence of a gas safety certificate, electrical fixed installation condition report, portable appliance testing (PAT), calibration of medical equipment and lift maintenance.
- A Legionella risk assessment had not been carried out since 2014. We saw that tap flushing was carried out regularly, but hot and cold-water temperature testing was not. We saw that a risk assessment had been arranged for December 2023, and the practice told us they would ensure this was carried out regularly and that they would immediately begin temperature testing.
- Training records showed that all staff had undertaken fire awareness training. At the time of the inspection, designated fire marshals had not undertaken training for their role. Immediately after the inspection we saw that training had been arranged.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 09/2023	
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • On the day of inspection, we observed the practice to be clean and tidy. • We were told that cleaning was carried out daily but that this was not recorded. Regular cleaning audits were carried out by the external cleaning company. • There was a nominated infection prevention and control (IPC) lead. All staff we spoke with knew who the lead was. • Most issues from the last IPC audit had been actioned, and there was a plan in place to resolve other issues. The audit identified that carpet tiles were in use in consultation rooms, and that this was a potential infection risk as minimally invasive techniques were occasionally carried out in these rooms. Immediately after the inspection the practice changed their policy to ensure that invasive techniques were carried out only within clinical rooms with suitable flooring. • On the day of inspection, we found that the outdoor clinical waste bin was broken, and that the bin store was unsecure. Immediately after the inspection we saw that the practice had replaced the bin and secured the bin storage area. 	

Risks to patients**There were adequate systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	N/A
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a system in place to ensure that a minimum number of each staff group were available each day. • Clinical and non-clinical staff had undertaken resuscitation and sepsis awareness training. • Emergency medical equipment was held at the practice and staff were aware of their location. • Staff we spoke with were aware of how to respond in the event of an emergency. 	

Information to deliver safe care and treatment**Staff had the information they needed to deliver safe care and treatment.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence:	

- As part of our inspection, CQC's GP specialist advisor (SpA) undertook a number of in-depth searches of the practice clinical records system. We saw that patient consultations contained appropriate information and demonstrated that care and treatment was being delivered in a safe way.
- Clinical records of new patients were securely stored at the practice. There was a summarising policy and a system in place to ensure that patient information that had not yet been summarised was available when required.
- There was a policy and system in place to ensure that referrals were dealt with in a timely way. Urgent two-week referrals were dealt with appropriately and there was additional safety-netting in place to ensure that referrals were not missed.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.99	1.01	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	7.7%	5.1%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	4.43	4.73	5.24	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	94.2‰	121.8‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.28	0.38	0.54	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	4.2‰	7.1‰	6.8‰	No statistical variation

Any additional evidence or comments

- The practice had achieved good prescribing outcomes as some of their prescribing was below local and national averages.

- The practice participated in the Lowering Antimicrobial Prescribing (LAMP) and Campaign to Help Improve Respiratory Prescribing (CHIRP) projects and as a result had a good understanding of their prescribing performance and how to monitor this.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>As part of our inspection, we conducted a series of searches of clinical records to assess the practice's procedures around medicines management and prescribing.</p> <ul style="list-style-type: none"> • A search of patients prescribed a disease-modifying antirheumatic drug (DMARD) showed that patients were managed in line with guidance. For example, there were 37 patients prescribed methotrexate (a 	

medicine used to treat inflammatory autoimmune conditions like rheumatoid arthritis), and 2 were overdue monitoring. However, the system showed that these patients had appointments booked in for their monitoring.

- We found 41 patients had been prescribed potassium sparing diuretics (a medicine used to treat conditions such as heart failure and high blood pressure) and out of these, 11 patients were originally identified as potentially not having had the required monitoring. We reviewed 5 records and found that 2 of these patients required a blood test and were subsequently booked in for an appointment by the practice.
- We found 128 patients were prescribed gabapentinoids (a medicine used to treat conditions such as epilepsy), and out of these, 41 had potentially not had the required medication or dosage review in the last 12 months. We reviewed 5 records and found that 3 of these patients required a medication and/or dosage review, 2 of which were completed by the practice immediately after the inspection, and 1 was carried out by a hospital team.
- Appropriate medicines reviews had been undertaken by the practice.
- Blank prescriptions were stored securely and a process in place to document serial numbers on receipt, and when taken away for use by staff.
- There was a prescribing policy in place which covered non-medical prescribing, and a process in place to regularly review prescribing practices. This included having a named GP who was responsible for ensuring that independent prescribers have the necessary skills and knowledge to carry out the role. There was 1 non-medical prescriber at the practice, and they had a GP mentor who checked their prescribing at the end of each clinic.
- Vaccine refrigerators were clean and tidy and there were records of daily temperature checks carried out.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	24
Number of events that required action:	24
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had a significant event and incident policy in place, which was accessible to staff. • Staff told us they were aware of the process to report an incident and said they felt confident to do so. 	

- We saw that significant events were a standing item on the practice's clinical meeting agenda.
- At the time of the inspection, significant events were discussed in meetings with only certain members of staff, and information was disseminated to the rest of the team. However, the practice told us that they had recently made changes to their processes to ensure that all staff were to be involved in meetings where significant events would be discussed.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect patient summary given to patient as a hard copy.	2 patients contacted and duty of candour applied. Change made to processes so that patient information is sent electronically, directly from their clinical record.
Delayed referral due to task being sent to the wrong member of staff.	Process changed so that referral tasks are sent to a team rather than to 1 member of staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had systems and processes in place to receive, disseminate and act upon alerts received through the Medicines and Healthcare products Regulatory Agency (MHRA) and the Central Alerting System (CAS). • As part of our inspection, we conducted a series of searches of clinical records to assess the practice's procedures for acting on drug safety alerts. Our review included patients prescribed mirabegron (a medicine that eases the symptoms of an overactive bladder). Guidance recommends that blood pressure should be monitored before treatment is commenced and regularly during treatment, especially in patients with pre-existing high blood pressure. We saw that 28 patients were prescribed mirabegron, of which 9 were potentially overdue monitoring. We reviewed 5 patients and found that 4 required a blood pressure check, of which 3 were carried out shortly after the inspection and 1 was booked in. • The practice maintained a log of all safety alerts received and action taken. 	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">As part of our inspection, CQC's GP specialist advisor (SpA) undertook a number of in-depth searches of the practice clinical records system. We found that care and treatment for patients was generally delivered in line with current evidence-based practice.Staff told us they were kept up to date with current evidence-based guidance through clinical meetings and in practice protected time.	

Effective care for the practice population

Findings

- All patients had a named GP.
- Flu and pneumonia vaccinations were offered to relevant patients.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. Follow-up and reviews of patients were undertaken where risk factors or abnormalities were identified. The practice had 517 patients who were eligible for an NHS health check. Of these, 166 had been completed in the last 12 months.
- There was a named lead nurse for learning disabilities. The practice had 19 patients coded with a learning disability, of which 13 had been offered a health check in the last 12 months. Of these, 3 patients had received the health check.
- The practice supported housebound and vulnerable patients, such as those on palliative care. There were 55 patients on the palliative care register. Palliative care meetings were held bi-monthly and attended by a GP and a community nurse. GPs undertook home visits where required.
- The practice provided clinical care for registered patients who lived in a local nursing home. Weekly visits were undertaken by GPs.
- End of life care plans, including details of patients' preferred place of death, were in place as appropriate.
- Patients at risk of dementia were identified. Referrals were made for those patients in whom dementia was suspected, and annual health checks were offered to these patients.

Management of people with long term conditions

Findings

- As part of the inspection, a number of clinical record searches for patients with long-term conditions was undertaken by a CQC GP specialist advisor (SpA). Our searches found:
 - There were 42 patients with chronic kidney disease (CKD) stage 4 or 5 on the practice's register, and 6 of these patients had not had a urea and electrolytes test recorded within the required time period. We looked at 5 patients and saw that 4 had been seen at a renal clinic, and 1 required a coding update on the practice system and this was done soon after the inspection.
 - There were 1,290 patients with asthma on the practice's register, of which 59 had been prescribed 2 or more courses of rescue steroids in the last 12 months. We reviewed 5 patients and found that all 5 had not had a follow-up within 1 week of being prescribed rescue steroids, and 2 of these patients had not had an asthma review undertaken in the last 12 months. After the inspection the practice had put measures in place and changed their policy to reflect that patients being issued a rescue steroid would now be pro-actively reviewed.
 - There were 377 patients with hypothyroidism on the practice's register, of which 18 had potentially not had the required monitoring in the last 18 months. We reviewed 5 patients and found that 1 was no longer being issued medication, 3 had been adequately reviewed, and 1 was overdue a blood test which was undertaken soon after the inspection.

- There were dedicated clinical leads in place for different conditions.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions such as asthma and diabetes, had received specific training.
- The practice ran a multi-morbidity clinic where patients with more than 1 long-term condition could have an annual review for all their conditions reviewed in 1 appointment, which allowed a more convenient and holistic approach to their care.
- Patients with suspected hypertension were offered ambulatory blood pressure (BP) monitoring. There was a BP machine loan system in place for patients to enable them to monitor and check their BP at home.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	63	64	98.4%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	71	76	93.4%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	70	76	92.1%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	70	76	92.1%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	88	93	94.6%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had systems in place to monitor and follow-up failed attendances for immunisation.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	71.4%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	75.8%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	60.9%	59.4%	54.9%	No statistical variation
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	82.3%	N/A	80.0%	Met 80% target

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had systems in place to monitor and follow-up failed attendances for cervical screening and bowel screening. Systems were in place to ensure a result was received for every cervical screening sample sent.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
<ul style="list-style-type: none"> A range of audits had been undertaken, including two-cycle audits, and these evidenced changes or improvements that had been made. Audits were discussed in clinical meetings, where information and learning was shared amongst staff. 	

- The practice participated in the Lowering Antimicrobial Prescribing (LAMP) and Campaign to Help Improve Respiratory Prescribing (CHIRP) projects and as a result had a good understanding of their prescribing performance and how to monitor this.

Example of improvements demonstrated because of clinical audits or other improvement activity in past 2 years:

- An audit was carried out to look into patients prescribed Levonorgestrel (a contraceptive medicine). The audit found that 36% of patients prescribed Levonorgestrel over a 12-month period were not prescribed the appropriate dose. These findings were discussed in meetings and changes put in place. A re-audit showed appropriate dosing of Levonorgestrel for all patients looked at over a 24-month period.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a mandatory training schedule in place for clinical and non-clinical staff. There were systems in place to monitor when mandatory training updates were due. • Staff were encouraged and facilitated to complete all mandatory training identified by the practice. Staff told us they were given protected time to undertake their training. • There was a structured process in place for support and clinical supervision of the non-medical prescriber. There was a prescribing policy in place which covered non-medical prescribing. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice told us they worked closely with other organisations to ensure patients received care in a coordinated manner.• The practice told us that there had been a high turnover of staff within the district nursing team and that they were working to build relationships with this team.	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a diabetic dietician and a social prescriber who helped patients improve their health, wellbeing and social welfare by connecting them to community services.• We saw that there was information available about HALE (Health Action Local Engagement in Bradford), a healthy living project that works to improve the health of local communities, at the practice and on the practice website.• Physiotherapy sessions were available at the practice for those patients who needed it.• A range of health checks and reviews were offered for patients, where they were encouraged to be involved in managing their own health.• Staff had been trained in care navigation and were able to signpost patients to other services and support where appropriate.	

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinical staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.• We saw that all staff had undertaken Mental Capacity Act training.• As part of our inspection, we reviewed a sample of DNACPR decisions made within the last 12 months. We saw that comprehensive records had been maintained, and this included an assessment of the patient’s mental capacity.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• On the day of the inspection, we observed that staff spoke with patients in a dignified and respectful manner.• We saw that equality and diversity training was part of the mandatory training requirements and that all staff were up to date with this training.	

Patient feedback	
Source	Feedback
GP Patient Survey 2023	Data indicated that patient satisfaction in relation to care was better than local and national averages.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	98.4%	81.6%	85.0%	Significant variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	97.8%	80.3%	83.8%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	100.0%	90.8%	93.0%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	92.8%	65.3%	71.3%	Variation (positive)

Any additional evidence or comments

- As part of our inspection we reviewed the outcomes of the most recent National GP Patient Survey and NHS Friends and Family Test (FFT).
- We reviewed the responses to the FFT from October 2022 to September 2023 and saw that 99% of submissions rated the service as good or very good.

	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence

- The practice told us they were currently undertaking a local patient survey focused on access.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was access to a hearing loop in the practice, for patients who may be hearing impaired. • There was a social prescriber who helped patients access community services. • We saw that there was advice and information available for carers at the practice and on the practice website. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	98.6%	86.8%	90.3%	Variation (positive)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was access to interpreting services as needed. • The practice told us they offered longer appointment times where necessary, for example for those patients who did not have English as a first language. • Material was available to patients in a range of languages and in easy read format. 	

Carers	Narrative
Percentage and number of carers identified.	3% (232 patients) had been identified as carers.
How the practice supported carers (including young carers).	Information for carers was available at the practice and on the practice website.
How the practice supported recently bereaved patients.	Bereaved patients received a call from the GP and were signposted to bereavement services where support was required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> On the day of inspection, we observed confidentiality at the reception desk. 	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The premises had disabled access, and there was a hearing loop available for patients who may be hearing impaired. 	

- There was access to interpreting services where required.
- We saw that there was information for patients about the Accessible Information Standard on the practice website.

Practice Opening Times

Day	Time
Opening times:	
Monday	8.15am - 6pm
Tuesday	8.15am - 6pm
Wednesday	8.15am - 6pm
Thursday	8.15am - 6pm
Friday	8.15am - 6pm
Appointments available:	
Monday	8.30am – 5.50pm
Tuesday	8.30am – 5.50pm
Wednesday	8.30am – 5.50pm
Thursday	8.30am – 5.50pm
Friday	8.30am – 5.50pm

Further information about how the practice is responding to the needs of their population

- The practice told us they felt they had a high GP to patient ratio, and that this enabled patients to have good access to appointments.
- Patients had a named GP who supported them in whatever setting they lived.
- The practice offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Nurse and healthcare assistant (HCA) appointments were available later in the day for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment where required.
- Additional pre-bookable extended access appointments were available on weekdays and on Saturdays, at nearby practices.
- The practice had a large elderly patient demographic and had adjusted services to meet the needs of these patients. This included how they communicated with and arranged prescriptions for these patients, as well as holding multi-morbidity clinics so that patients did not have to attend the practice on multiple occasions.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice held a register of patients living in vulnerable circumstances including housebound patients and those with a learning disability.
- In response to low uptake and patient feedback regarding the practice's remote physiotherapy sessions, the practice had arranged for these sessions to be carried out on-site.

Access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patients were able to book appointments at the practice, via telephone, or online, and these could be booked on the day or in advance. Appointments could be face to face or via telephone. • Staff had been trained in care navigation and were able to signpost patients to other services and support when this was appropriate. • The practice website contained information regarding services delivered at the surgery as well as services delivered by other organisations. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	82.1%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall	80.1%	47.5%	54.4%	Variation (positive)

experience of making an appointment (01/01/2023 to 30/04/2023)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	82.6%	47.9%	52.8%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	84.7%	70.6%	72.0%	Tending towards variation (positive)

Any additional evidence or comments

- The practice told us they were proud of how they provided ease of access to appointments for their patients. We saw that this was reflected in data from the National GP Patient Survey 2023. The practice felt this was partly because they had a high GP to patient ratio, and that there was the capacity to add in additional appointments where required.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	13
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was a complaints policy and lead in place. The complaints policy had not been updated to reflect that patients can contact the local integrated care board (ICB) with their complaints. This was updated during our inspection. Information about how to complain was available for patients on the practice website and on information boards at the practice. We reviewed 4 complaints and saw that they had all been dealt with appropriately and in line with the practice policy. Details regarding the Parliamentary and Health Service Ombudsman (PHSO) were made available for complainants to escalate their complaint as appropriate. We saw that complaints were discussed in clinical and primary care team meetings, and that changes were made to processes as a result of learning from complaints. At the time of the inspection, complaints were discussed in meetings with only certain members of staff, and information was disseminated to the rest of the team. However, the practice told us that they had recently made changes to their processes to ensure that all staff were to be involved in meetings where complaints would be discussed. 	

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example of learning from complaints.

Complaint	Specific action taken
Patient was being prescribed a medication at a higher dose than recommended, which was discovered in hospital.	Logged as a significant event and discussed in the clinical meeting. Apology given to the patient. Change made to the practice's clinical system to alert the clinician to the dosage.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had an experienced leadership team in place, who understood the challenges to healthcare. The leadership team were open about the challenges they faced, in particular with finance, meeting patient expectations, serving a large elderly patient demographic, and building relationships with the community team due to the high staff turnover within that team. The practice was responsive to feedback during the inspection process and immediately acted upon our findings and feedback. Staff told us they felt the management team were approachable and supportive. We saw several examples of staff development including salaried GPs becoming partners, and the practice nurse training to be an advanced clinical practitioner. 	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a clear vision and strategy in place. They told us their vision was ‘to provide professional, accessible, high quality, traditional family oriented, comprehensive healthcare’.• Staff told us they were aware of the vision and values. Some staff members said that they had not been involved in developing the strategic planning of the practice.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Feedback from staff during the inspection was that they felt happy and positive about working at the practice.• We saw staff wellbeing was valued by the practice. For example, staff had recently been provided with new chairs and a water cooler, in response to their feedback.• Staff told us that if they were to raise a concern, they felt it would be welcomed.• There was a whistleblowing policy and a duty of candour policy in place.• The practice had access to a Freedom to Speak Up Guardian. Staff were aware of who this was.	

- We saw that equality and diversity training were part of the mandatory training schedule and that all staff were up to date with this training.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff questionnaires	Words used by staff included friendly, approachable, supportive and patient focused.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff had access to policies, procedures and protocols and knew how to access these. • The practice had nominated leads for key areas, such as the safeguarding of adults and children and infection prevention and control, whom staff could contact for specialist advice and support. Staff were aware of who the leads were. • The practice had a regular meeting structure which included daily catch-up meetings for clinicians and managers, weekly GP meetings, bi-monthly primary care health team meetings and bi-monthly practice based education sessions. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw a range of audits which evidenced where changes or improvements had been made.• There was a business continuity plan in place which was due to be reviewed by the local integrated care board.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice monitored performance and had a clear understanding of areas for improvement.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice monitored patient feedback through the GP National Patient Survey, the NHS Friends and Family Test (FTT), complaints and compliments. The practice had an active Patient Participation Group (PPG) which held regular meetings. Meetings were chaired by the practice manager and attended by a GP. Staff told us they could provide feedback through meetings and annual appraisals, and felt their views were listened to and taken on board. 	

Feedback from Patient Participation Group.

Feedback
The PPG told us that they had a good relationship with the practice and that they felt their views were listened to and acted upon, and that the practice was always looking for ways to improve.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice told us that as a teaching practice, they had a strong focus on learning and improvement.• The practice trained and supported staff to take on new roles. For example, a practice nurse was being trained to become an advanced clinical practitioner.• Staff told us they had protected time for training and to attend meetings, and that they were able to set learning objectives in their yearly appraisals.• We saw that the practice reviewed incidents and complaints and that these were discussed at meetings and used to make improvements or changes to the way services were delivered. At the time of the inspection, significant events and complaints were discussed in meetings with only certain members of staff, and information was disseminated to the rest of the team. However, the practice told us that they had recently made changes to their processes to ensure that all staff were to be involved in meetings where significant events and complaints would be discussed.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a “z-score” (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice’s data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice’s data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren’t will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3