

Dr I.M. Raja & Partner

Inspection report

Little Horton Lane Medical Centre
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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 location

Good 

Are services caring?

Good 

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr I.M. Raja and Partner (previously known as Little Horton Lane Medical Centre – Mall) on 13 December 2017. The overall rating for the practice was good. However, we rated the provider as requires improvement for providing caring services. The full comprehensive report from the 13 December 2017 inspection can be found by selecting the 'reports' link for Dr I.M. Raja on our website at www.cqc.org.uk.

In addition to the areas for improvement identified under the key question for providing caring services we also said the practice should consider the following area for improvement:

- Continue to review and document the immunisation status of the staff team.

This inspection was an announced focused inspection carried out on 7 September 2018 to confirm that the practice had made the required improvements identified at our 13 December 2017 inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

At this inspection we found:

- The provider had reviewed the findings of the 2017 national GP patient survey and implemented a range of measures to gain effective patient feedback and improve the patient experience.
- Results from the recently published 2018 national GP patient survey found that the provider had achieved high levels of satisfaction for questions relating to compassion, dignity and respect.
- A review of appointment access arrangements had taken place, with increased capacity to meet patient demand and an additional session of extended hours. Some aspects of patient satisfaction as measured by the national GP patient survey remained lower than the national average. However, a recent comprehensive in-house survey conducted by the provider showed high levels of satisfaction in the ease of making an appointment and their interaction with reception staff.

- An event to identify additional carers amongst the practice population had taken place in partnership with the local carers' group. A small increase in the number of identified carers was evident since our last inspection.
- The provider had completed reviewing the immunisation status of all staff and were assured that staff records were complete and up to date.
- We saw that access arrangements and availability of appointments had been reviewed by the provider. An additional extended hours session had been introduced, increasing the number of extended hours sessions from one to two.
- The most recent national GP patient survey found that 48% of respondents said that they found it easy to get through to the service by phone. However, we saw that the in-house survey completed between April and June 2018 found that 78% of patients from a sample of 159 rated the ease in making an appointment as 'excellent'. An additional receptionist now took telephone calls during the peak morning period, increasing capacity from two to three.
- A triage system of assessing the need for a GP appointment had been extended to run throughout the day, previously offered only during the morning peak period. We saw evidence that patients were assessed and all urgent cases seen on the same day.
- Staff had received training in the Care Navigation model of care and were preparing to introduce this across the practice. This would assist reception staff in directing patients to the most suitable services and ensure GP appointments were used appropriately.
- During the inspection we reviewed appointment availability and saw that on five consecutive days, there was spare capacity of at least one GP appointment that remained unfilled by patient demand.

The area where the provider **should** make improvements are:

- Review and improve the provision of access to a female GP for patients that may prefer this.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection was carried out by a CQC lead inspector.

Background to Dr I.M. Raja & Partner

Dr I.M. Raja and Partner is situated within Little Horton Lane Medical Centre, 392 Little Horton Lane, Bradford, BD5 0NX. The surgery has good transport links and there is a pharmacy located within the health centre grounds. The practice provides fully accessible facilities for all patients and ample car parking including parking reserved for patients with a disability.

Dr I.M. Raja and Partner is situated within the Bradford City Clinical Commissioning Group (CCG) and provides services to 4,295 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening
- Maternity and midwifery
- Treatment of disease, disorder or injury

There are two male GP partners at the practice, a practice nurse and a healthcare assistant (HCA) both of whom are female. The practice also has a part time pharmacist who works one day per week. The clinical team is supported by a practice manager and a team of administrative staff. Patients at the practice do not have access to a female GP.

There is a higher than the national average number of patients under the age of 39, which is in common with the

characteristics of the Bradford City area, and fewer patients aged over 45 than the national average. The National General Practice Profile states that 63% of the practice population is from a south Asian background with a further 13% of the population originating from black, mixed or other non-white ethnic groups.

Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

The provider is open between 8.30am and 7.45pm Monday and Tuesday, 8.30am to 6pm Wednesday to Friday. GP appointments are available throughout the day including extended hours up to 7.45pm two days a week. Between 6pm and 6.30pm, Monday to Friday the practice has arrangements with a deputising doctor's service. After this time out of hours care is accessed by calling the NHS 111service.

During our inspection we saw that the provider was displaying the previously awarded Care Quality Commission inspection ratings at the location and practice website.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr I.M. Raja and Partner on 13 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. However, we rated the provider as 'requires improvement' for providing caring services. This report can be found by selecting the 'all reports' link for Dr I.M. Raja and Partner on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of the provider on 7 September 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services caring?

At our previous inspection on 13 December 2017, we rated the practice as requires improvement for providing caring services because:

- Results from the July 2017 annual national GP patient survey found that patients did not feel they were always treated with compassion, dignity and respect.
- The survey also found that patient satisfaction with access to appointments was comparable to the local clinical commissioning group (CCG) averages but below national averages.
- The number of identified carers amongst the practice population was 1%.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients in the most recent national GP patient survey was highly positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were higher than local and in line with national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand. For example, by employing multi-lingual staff.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. We saw that the provider encouraged patients to register for provider recommended free of charge healthcare apps that enhanced patient understanding of their health needs and well-being.
- The practice proactively identified carers and supported them. A small increase in carers had been observed since our previous inspection. However, the percentage of identified carers remained at 1% of the practice population.
- The practice's GP patient survey results were higher than local and in line with national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff told us that when patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.