

Malling Health @ Foleshill

Quality Report

Foleshill Surgery
Station Street West
Coventry
CV6 5ND
Tel: 024 7670 7030
Website: www.mhfoleshill.co.uk

Date of inspection visit: 10 January 2017
Date of publication: 06/02/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Malling Health @ Foleshill	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Malling Health @ Foleshill on 10 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice was part of Integrated Medical Holdings (IMH) LTD organisation. Clinical staff and the practice manager worked across two separate sites.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. All events were reported into a central system.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Clinical staff told us workloads were high which increased pressure on staff.

- Some patients told us they found the appointment system difficult to access. Same day appointments were available. Patients were offered the extended hours scheme between 6.30pm and 9.30pm.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. A complaints leaflet was available on request, but details on how to complain were not included in the practice leaflet.
- The practice had good facilities and was well equipped to treat patients and meet their needs and complied with the Disability Discrimination Act (DDA) standards.
- Integrated Medical Holdings (IMH) LTD organisation had a clear leadership structure and governance framework. Staff told us they had little contact with senior managers from the organisation, but felt supported by the senior team within the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Continue the programme of recruitment of clinical staff to augment the clinical team, whilst maintaining clinical capacity and support to front line staff.
- Review the chaperone procedures for all staff.
- Add details on how to complain into their practice leaflet and include the full address of the Parliamentary and Health Service Ombudsman(PHSO).
- Develop an action plan to review and maintain patient's access to appointments, telephone and translation service availability.
- More proactively identify carers.
- Continue to look at ways to improve patient satisfaction rates.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Clinical staff told us that due to recent and impending staff resignations, clinical workload pressures were high.
- There was an effective system in place for reporting and recording significant events. The use of a standardised form included root caused analysis reviews, which were shared into a central database.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff, with the exception of the practice manager.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.

Summary of findings

- Staff spoke several different languages relevant to their patient group which helped support patients. We were told double appointment slots were not always available for patients who did not speak English, making 10 minute consultation extremely difficult for clinicians.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they did not always find it easy to make an appointment with a named GP and urgent appointments were not always available on 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.
- The building was Disability Discrimination Act (DDA) compliant.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Integrated Medical Holdings (IMH) LTD organisation had a clear leadership structure and governance framework. Staff told us they had little contact with the senior management team but felt supported by the senior team in within the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GPs and management team encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff.
- The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Record of contact details for support workers and next of kin were recorded in the patient records.

Good



People with long term conditions

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

- Nursing staff had lead roles in some areas of chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of - accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- The percentage of women aged 25-64 whose notes recorded that a cervical screening test performed in the preceding 5 years was 83% compared to the local average of 85% and the national average of 81%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Online booking and online prescription service are available for patients.
- Signposting to local lifestyle services such as “Help 2 Quit” a stop smoking service were available to patients.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients who were blind or had hearing problems.
- The building complied to the Disability Discrimination Act (DDA), with doors painted darker (to help partially sighted patients), televisions that announced patient names as well as visually and disabled toilet.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the Clinical Commissioning Group (CCG) and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 178 survey forms were distributed and nine were returned. This represented less than 1% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the national average of 73%. Since the inspection a plan to review this by the practice has been implemented.
- 51% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all were positive about the standard of care received. Patients said staff were friendly and GPs listened to their concerns. Some patients commented it was difficult to get through on the telephone and that appointments were sometimes difficult to make.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice participated in patient surveys and the Friends and Family Test, which showed 71% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Continue the programme of recruitment of clinical staff to augment the clinical team, whilst maintaining clinical capacity and support to front line staff.
- Review the chaperone procedures for all staff.
- Add details on how to complain into their practice leaflet and include the full address of the Parliamentary and Health Service Ombudsman (PHSO).
- Develop an action plan to review and maintain patient's access to appointments, telephone and translation service availability.
- More proactively identify carers.
- Continue to look at ways to improve patient satisfaction rates.

Malling Health @ Foleshill

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, and second CQC inspector.

Background to Malling Health @ Foleshill

Malling Health @ Foleshill is located on the outskirts of Coventry. The practice is part of the Integrated Medical Holdings (IMH) LTD the parent organisation. Clinical staff and the practice manager worked across two sites.

The practice is based in a purpose built porta cabin, which is managed by NHS Properties Ltd.

The practice is situated in an area at number one on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services. The majority of patients are other white with the practice treating a large number of Eastern Europeans not speaking English as their first language.

The practice has three salaried (two male and one female), with two practice nurse and one healthcare assistant (HCA). Members of clinical staff are supported by one practice staff manager and a range of reception and administrative staff. At the time of our inspection one of the part time GPs had resigned, and the practice were actively recruiting a replacement.

The practice is open 8am to 6.30 pm Monday through to Friday. In addition to pre-bookable appointments could be booked up to six weeks in advance, urgent appointments

are available between 8 am and 10.30am. Extended hours are available between 6.30pm and 9.30pm with a choice of four locations, delivered by the local GP Alliance. Out of hours care is provided by City of Coventry Out of Hours Service, which is accessed by calling the NHS 111 service.

The practice has an Alternative Primary Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection 3251 patients were registered and is part of Coventry and Rugby Clinical Commissioning Group (CCG).

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, 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 10th January 2017.

During our visit we:

- Spoke with a range of staff, two GP's, practice nurse, the practice manager and reception staff.

Detailed findings

- Reviewed four question sheets completed by reception staff before our visit.
- Reviewed information from CQC intelligent monitoring systems.
- Observed how people were being cared for and talked with carers and/or family members.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Initial incidents were discussed at practice meetings and documented. We saw evidence of this in the minutes from team meetings.
- The practice carried out a thorough analysis of the significant events, which were cascaded to head office, to be stored on a central database.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.

- A notice in the waiting 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 (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). Staff told us that on occasions they were told to stand in a position which differed from that given during training. Following our feedback the practice provided evidence a full team meeting had taken place to discuss the role of chaperoning.
- The building was managed by NHS Properties Ltd who were the landlords and responsible for maintenance of the building. The practice maintained appropriate standards of cleanliness and hygiene; we observed the premises to be clean and tidy.
- There was an inconsistent response to who was the infection control clinical lead. 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We did identify reporting and checking system of medicines were in place but these were overseen by non-clinical staff who took full responsibility for the process, with no clinical checks in place. Following our feedback this role has been updated and new checks have been implemented, with four weekly checks by a clinician.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Non collection of repeat medicines checks were taking place every four weeks, however this was not a documented procedure. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was worked 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure enough staff were on duty. The small team of clinical staff were covering a large volume of patients across two practices. Clinical retention and capacity to maintain an effective service was discussed as a concern with the inspection team and had been an ongoing issue at both sites. We were assured the practice would run effectively and patients would not be put at risk.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 stored securely.
- 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 patients' 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 a 20% (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). During the inspection we discussed the higher than average exception reporting rate. We were told all patients were sent three invites with letters and in different languages to try and encourage attendance. The practice up until recently also had been reliant on locum nursing staff, which contributed to the high figure. Over the last two months the practice had employed two permanent practice nurses.

The latest published data showed:

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80mmHg or less was 79% compared to the national average of 78%. With an exception rate of 19%.
- Performance for mental health related indicators was better than the national average. For example 91% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months was higher than the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Information about patients' outcomes was used to make improvements such the identification of 23 patients who had undiagnosed diabetes (Diabetes is a serious life-long health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body can't use it properly).

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The new nursing staff were looking to forge close links with the nursing director at Integrated Medical Holdings (IMH) Ltd .
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating

Are services effective?

(for example, treatment is effective)

GPs. All staff had received an appraisal within the last 12 months. With the exception of the practice manager. Following our feedback the practice provided evidence the appraisal would take place on the 31 January 2017.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking.
- Patients were signposted to the relevant services. For example, local lifestyle services such as "Help 2 Quit" were available to patients looking for lifestyle advice on stopping smoking.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of the 85% and national average of 81%. With an exception rate of 17%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 90%.

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

Most of the 32 comment cards were positive about the standard of care received. Patients said staff were friendly and GPs listened to their concerns. Some patients commented it was difficult to get through on the telephone and that appointments were sometimes difficult to make.

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

- 51% were able to get an appointment to see or speak to someone the last time they tried, compared to the clinical commissioning group (CCG) average of 83% and the national average of 85%.
- 73% say the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern, was lower than the CCG average of 85% and the national average of 85%.
- 81% of patients said the GP gave them enough time, compared to the CCG average of 87% and the national average of 87%.
- 100% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.

- 62% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.
- 63% say the last nurse they saw or spoke to was good at giving them enough time, compared to the CCG average of 92% and the national average of 92%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

During the inspection, we were told no actions were in place to address the low scores recorded in the patient survey results.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 mixed compared to the local and national . For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 85%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 81% and the national average of 82%.
- 66% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90%.

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

- The practice treated a large number of Eastern European patients mainly Romanian. One of the

Are services caring?

receptionists was fluent in Romanian and was able to act in a dual role as an interpreter for patients. We observed a large number of patients waiting to speak to the staff member, as the patients only spoke Romanian.

- Other staff also spoke several languages compatible with their patient group other than English.
- Staff told us that translation services were available for patients who did not have English as a first language. We were told by clinicians that double appointment slots were not always available, making standard consultations extremely difficult given the language barrier.
- Patients were sent letters of invitation in different languages, to encourage attendance into the practice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A dedicated notice board in the waiting area also identified additional means of support available to carers in the local area. The practice had acknowledged more work to identify carers was needed.

Staff told us that if families had experienced bereavement contact was made on an 'ad hoc' basis according to the needs of the family. The practice showed us a bereavement protocol was being developed by Integrated Medical Holdings (IMH) Ltd, which all practices would follow to ensure that family members were identified and contact made following a bereavement.

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 offered extended opening hours for working patients who could not attend during normal opening hours.
- The practice had a Romanian receptionist, who had a dual role to support patients who needed a translator.
- There were longer appointments available for patients, however we were told due to the high demand for the use of the translation service longer appointments were not always provided as standard.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were not always available for children and those patients with medical problems that require same day consultation, if they accessed the service after 10.30am they would be directed to the extended hour's service.
- The building was Disability Discrimination Act (DDA) compliant, with disabled facilities and a hearing loop services available.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered between 6.30pm and 9.30pm through the local GP Alliance. In addition to pre-bookable appointments that could be booked up to eight weeks in advance.

Urgent appointments were not always available for people that needed them, Staff told us that when same day appointments were not available, advice was sought from the GP if the patient need appeared to be urgent. The GP then made the decision whether to see the patient on the day or direct them to the extended hour's appointments, or to an alternative healthcare provider. Following our feedback the practice provided evidence of developing new embargo emergency slots for patients.

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

- 98% of patients were satisfied with the practice's opening hours compared to CCG average of 75% and the national average of 76%.
- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 51% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 83% and national average of 85%.

The practice was aware of the low score on telephone access into practice and no plan had been in place to review or resolve. Following the inspection attempts had been made with the phone provider to review this.

People told us on the day of the inspection that they were not always able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. Additional support was offered through Integrated Medical Holdings (IMH) Ltd patient relations manager, where complaints were complex.
- We saw that a complaints leaflet was available to patients. However at the time of our visit the practice leaflet did not contain information on how to make a complaint or the address of the Parliamentary and Health Service Ombudsman(PHSO) .

Are services responsive to people's needs? (for example, to feedback?)

- There was no system for collecting informal complaints.

Following our initial feedback the practice immediately implemented a patient comment book which they made available to patients in the waiting area, to collect informal comments and issues. They told us they would monitor the information received from this and tailor service delivery in accordance with this feedback. We also received further evidence after the inspection of the updated practice leaflet.

We looked at one complaint received in the last 12 months and found this was satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Following on from the inspection the practice provided evidence that their patient information leaflet had been updated to include details on how to make a complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice was part of Integrated Medical Holdings (IMH) Ltd. The organisation had a clear vision to improve the health, well-being and lives of patients had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement was “To improve the health, well-being and lives of those we care for”. Staff told us they understood the practice ethos and worked hard to deliver this.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework supported by the parent organisation. 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 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 GPs and leadership team in the practice had the capability to run the practice. Staff told us that senior managers from the IMH organisation were not visible to staff; however they told us they felt supported by the GPs and practice manager in the practice. We learned that due to recent and impending staff resignations workload pressures were high, particularly for GP cover. We saw an improvement plan developed by the practice which prioritised recruitment of GPs and other staff. The practice provided evidence of an advertisement which had been placed for a salaried GP.

The provider was aware of and complied with the requirements of the Duty of Candour. The leadership team encouraged a culture of openness and honesty. The practice had robust systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- A full root caused analysis template was undertaken and fed into a central database at head office.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- At the time of our visit the practice did not keep written records of verbal interactions as well as written correspondence. However following our initial feedback the practice produced a patient comment folder which was made available in the patient waiting area in order to capture informal as well as formal complaints, comments and compliments.

Integrated Medical Holdings (IMH) Ltd had a clear leadership structure in place and clear plans for future development. We found the standardisation process was in a very early implementation stage and clinical staff were not aware of any changes or future plans. On the day of inspection the clinical lead for IMH was on site, however clinical staff were not aware who this was.

Staff told us they felt supported by the GPs and practice manager in the practice.

- Staff told us the practice held regular separate meetings; however they did not meet as a full team.
- 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.
- Clinicians told us they would benefit from more frequent contact with their clinical lead.
- Staff said they felt respected, valued and supported by the GPs and practice manager 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

Are services well-led?

Good 

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

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 an established patient participation group (PPG).
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.