

Malling Health @ Stoke Aldermoor

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Malling Health@Stoke Aldermoor 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff told us due to recent and pending staff resignations, workloads were high which increased pressure on staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. A complaints leaflet was available on request, but details on how to complain were not included in the practice leaflet.
- Some patients told us they found the appointment system difficult. Same day appointments were available. Patients were able to make use of an extended hours scheme to access same day appointments between 6.30pm and 9.30pm. This service was delivered via a local GP alliance.
- The practice premises were leased from NHS Properties. We saw there was need for refurbishment in some areas. The practice showed us an improvement action plan which evidenced that NHS Properties had been approached to effect these improvements.
- The practice was part of Integrated Medical Holdings (IMH) organisation. Clinical staff and the practice manager worked across Malling Health @Stoke Aldermoor and their sister practice Malling Health@Foleshill.

Summary of findings

- IMH had a clear leadership structure and governance framework. Staff told us they had little contact with senior managers from the organisation. However they told us they felt supported by the practice manager and senior GP in the practice.
- The practice told us they had endeavoured to establish a patient participation group (PPG). At the time of our visit this had not been achieved. They told us they found it difficult to engage patients in the process. They received patient feedback via the NHS Friends and Family test, as well as via a suggestion box in the waiting area, and by carrying out internal patient satisfaction surveys.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Review their appointment system to enhance patient experience of access to same day appointments.
- Continue with a programme of recruitment of clinical staff to augment the clinical team.
- Continue to engage with patients to establish and develop a patient participation group.
- Take steps to improve patient's awareness of the practice's complaints process.
- Continue to carry out or at least comprehensively risk assess the need for enhanced disclosure and barring service (DBS) checks for all staff acting in the role of chaperone.
- Develop systems to improve the identification of those patients acting as unpaid carers.

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 managed.
- We saw that one member of staff acting in the role of chaperone did not have an enhanced DBS check. Following the inspection the practice provided evidence that this had been applied for.
- Staff told us that due to recent and impending staff resignations workload pressures were high. We saw an improvement action plan which placed recruitment of all disciplines as a high priority for the practice. The practice provided evidence of an advertisement which had been placed for a 30 hour salaried GP post to cover the practice and their sister practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were in line with local and national averages.
- Staff were able to demonstrate they kept up to date with current evidence based guidance, and maintained professional registration, training and updating appropriate to their role.
- 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. We saw that one member of staff had not received an appraisal in the preceding 12 months. Following our feedback the practice provided evidence that this had been arranged for 31 January 2017.

Summary of findings

- Staff worked with other healthcare professionals to assess need, plan care and deliver treatment plans to improve outcomes for patients with more complex needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others for being involved in decisions about their care and being treated with care and concern.
- A patient information screen in the waiting area provided health promotion information and information about local services to patients. We saw the screen provided information about the surgery opening hours, but did not provide information about the extended hours service.
- We observed interaction between staff and patients. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

The practice hosted a weekly drop in for those patients acting as unpaid carers. At the time of our visit only 13 patients (less than half of one percent of their practice population) had been identified as unpaid carers.

Good



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. For example they were part of a local GP Alliance which provided access to extended hours appointments available at a choice of four sites, between 6.30pm – 9.30pm Monday to Friday.
- The appointment system provided for a proportion of same day and advanced booking appointments. Some patients told us it was not always possible to obtain a same day appointment when needed. Patients were provided with appointments at the extended hours services when necessary, or directed to other healthcare providers appropriate to meet their need.
- The practice premises were leased from NHS Properties. We saw there was need for refurbishment in some areas. The practice showed us an improvement action plan which evidenced that NHS Properties had been approached to effect these improvements.

Good



Summary of findings

- The practice was housed in a single storey building which was accessible to those with mobility problems; or those who used a wheelchair.
- Information about services and how to complain was available. A complaints leaflet was available on request, but details on how to complain were not included in the practice leaflet. At the time of our visit the practice did not have a system to collect informal complaints. Following our feedback the practice developed a patient comments folder during our visit; which they made available to patients in the waiting room to enable them to capture day to day patient feedback, comments and concerns. 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. We saw that learning from formal complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice was part of Integrated Medical Holdings (IMH) organisation. The practice had a mission statement which 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.
- IMH had a clear leadership structure and governance framework. Staff told us they had little contact with senior managers from the organisation. However they told us they felt supported by the practice manager and senior GP in the practice.
- Some GPs told us they would benefit from more regular contact with the clinical lead for the organisation.
- The practice had a number of policies and procedures to govern activity and held regular clinical and staff meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice sought feedback from staff through staff meetings and informal discussion. Patient feedback was sought through internal patient surveys, a suggestion box in the waiting area, and through the Friends and Family Test (FFT).
- The practice had endeavoured to establish a patient participation group (PPG). At the time of our visit this had not been achieved. They told us they found it difficult to engage patients in the process.
- We saw evidence that staff had access to training and updating appropriate to their role.

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.

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsible for four care homes for older people. One of the GPs carried out a weekly 'ward round' to monitor the health and care needs for this group of people. Following the inspection we sought feedback from one of the care homes who told us the practice provided a caring and responsive service to their residents.
- Home visits were available when required.
- The practice had identified their 2% of patients at higher risk of unplanned admission to hospital, and each of these patients had a care plan in place which was regularly reviewed.
- The practice worked with the end of life and palliative care teams to co-ordinate care for this group of patients.

People with long term conditions

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

Good



- There had been recent changes in the nursing team which had meant some reliance on locum practice nurse hours. At the time of our visit two new practice nurses had been recently appointed who would undertake lead roles in chronic disease management.
- 96% of patients with diabetes, on the register, had a blood pressure recording which was within normal limits completed in the preceding 12 months, compared to the CCG and national average of 91%.
- Longer appointments and home visits were available when needed.
- All these patients had a care plan in place and had been allocated a named GP.
- Regular reviews, including a medicines review were carried out by practice nurses to check the health and medicines needs of people with long term conditions were being met.
- The practice team liaised with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- 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.
- 85% of patients with asthma had an asthma review completed in the preceding 12 months, compared to the CCG and national average of 76%.
- Patients told us that children and young people were treated in an age-appropriate way and staff described examples from practice to demonstrate this.
- 97% of eligible women had received a cervical screening test in the preceding five years, compared to the CCG and national average of 81%.
- Appointments were available outside of school hours. Baby changing facilities were available and a room could be made available for women wishing to breast feed their babies.
- The practice held monthly meetings to which health visitors, school nurses and midwives were invited. We saw minutes from meetings to evidence information sharing and updating.

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).

Good



- The needs of the working age population, those recently retired and students had been acknowledged and the practice had adjusted the services it offered to ensure these were as accessible and flexible as possible.
- The practice offered online services to book appointments or order repeat prescriptions. We saw evidence that 194 patients were fully registered for online services, although an additional 1269 patients had partially registered, and were requiring patient activation.
- The practice provided a text messaging service to remind patients of their appointment times, to reduce the number of appointments being missed by patients.
- We saw that the patient waiting area contained health promotion information reflecting the needs of this age group.

Summary of findings

- The practice was open between 8am – 6.30pm Monday to Friday. Patients were also able to access extended hours appointments between 6.30pm and 9.30pm delivered at a choice of four sites via a local GP Alliance.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients when needed.
- The practice worked with multidisciplinary teams in the case management of vulnerable people.
- The practice gave vulnerable patients information about how to access relevant support groups and voluntary organisations.
- Staff gave examples from practice which demonstrated they 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. Contact numbers for local safeguarding teams and safeguarding policies were displayed in consultation rooms and were available on the practice computer system.
- The practice hosted a weekly drop in session run by the local carers' charity. At the time of our visit only 13 people had been identified as unpaid carers. The practice told us they were actively trying to identify carers. They asked newly registered patients if they were being cared for or were acting as a carer due to poor health or disability. We saw the practice had a notice board in the patient waiting area dedicated to carers.

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).

Good



- 100% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the CCG and national average of 89%.
- 92% of patients diagnosed with dementia had had their care reviewed at a face to face meeting in the last 12 months compared to the CCG average of 81% and the national average of 84%.

Summary of findings

- The practice worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Staff were able to accurately describe their responsibilities in relation to mental capacity issues for patients.
- Following the inspection we sought feedback from a specialist dementia care home for which the practice had responsibility. They told us the GPs had provided a responsive and appropriate service to those people who were experiencing mental capacity difficulties.
- The practice hosted an 'Improving Access to Psychological Therapies' (IAPT) clinic. Those patients who were experiencing emotional or psychological difficulties were able to receive support from these sessions.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Of 179 distributed forms, 49 were returned. This represented 27% of the surveyed population, and 2% of the patient list.

- 77% found it easy to get through to this surgery by phone compared to a CCG and national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 18 comment cards which were all positive about the standard of care received. Staff were cited as 'friendly,' helpful and 'kind'. All the cards contained positive comments in relation to the service received from the practice; although several cards contained comments expressing frustration or lack of satisfaction with the appointment system. One card described being unable to access an on the day appointment for their young child which had resulted in them needing to attend the local walk in centre for treatment.

We were unable to speak with any patients face to face during the inspection. Following the inspection we spoke with one patient, a member of the PPG, over the telephone. They told us they were happy with the service provided by the practice. They told us that one meeting had been held for the PPG, which was attended by just two patients.

The practice Friends and Family Test (FFT) results showed that between January and December 2016 there had been 191 respondents, of whom 82% said they would be extremely likely or likely to recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Review their appointment system to enhance patient experience of access to same day appointments.
- Continue with a programme of recruitment of clinical staff to augment the clinical team.
- Continue to engage with patients to establish and develop a patient participation group.
- Take steps to improve patient's awareness of the practice's complaints process.
- Continue to carry out or at least comprehensively risk assess the need for enhanced disclosure and barring service (DBS) checks for all staff acting in the role of chaperone.
- Develop systems to improve the identification of those patients acting as unpaid carers.

Malling Health @ Stoke Aldermoor

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 a second CQC inspector.

Background to Malling Health @ Stoke Aldermoor

Malling Health @ Stoke Aldermoor is situated on Aldermoor Lane, Coventry CV3 1BN. The surgery was established in June 2009. It is located approximately two miles to the east of Coventry city centre.

The practice premises are leased from NHS Properties. The single storey building has disabled access and parking for patients is available. The practice is accessible by public transport. The practice is part of the Integrated Medical Holdings (IMH) parent organisation. Clinical staff and the practice manager are shared with a sister practice, Malling Health @ Foleshill Coventry CV6 6 5ND. Patient lists for the two practices are separate, and non-clinical staff for the practices are not shared.

Malling Health@ Stoke Aldermoor currently has 3,063 registered patients. Approximately 45% of their patient group is of white British origin, with approximately 35% being of Asian or other mixed race origin. The practice provides Alternative Primary Medical Services (APMS) under a contract with NHS England. They offer enhanced services such as childhood and flu vaccinations.

The practice is staffed by three salaried GPs, two male and one female. At the time of our inspection one of the part time GPs had resigned, and the practice were actively recruiting to a 30 hour salaried GP post to cover the practice and their sister practice. A female clinical lead employed by IMH provides clinical guidance and support to the team of GPs. There are two female practice nurses. One female health care assistant (HCA) is shared by a number of the IMH practices and offers short sessions at the practice. The clinical team is supported by a practice manager and a range of administrative and reception staff.

Information published by Public Health England rates the level of deprivation within the practice population group at two, on a scale of one to ten. Level one represents the highest levels of deprivation, and level ten the lowest. People living in more deprived areas tend to have greater need of NHS services.

The age/sex profile of the practice shows a significantly higher than average percentage of men and women in the 25 to 34 year age group, and a significantly higher number of children aged 0 to four years.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available between 6.30pm and 9.30pm at a choice of four locations, delivered via a local GP Alliance under a locally agreed information sharing agreement.

Practice nurses offer access to appointments for management of a range of chronic diseases such as asthma and diabetes. Childhood immunisations are also provided.

Detailed findings

Out of hours care is provided by City of Coventry Out of Hours Service, which is accessed by calling the NHS 111 service.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations and key stakeholders such as Coventry and Rugby Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice provided before the day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT).

We carried out an announced visit on 10 January 2017.

During our visit we:

- Spoke with a range of staff including two GPs, the GP clinical lead, practice nurse, practice manager and two reception staff.

- Spoke with one member of the patient participation group (PPG) over the telephone following the inspection.
- Reviewed two question sheets completed by reception staff before our visit.
- Observed communication and interaction between staff and patients, both face to face and on the telephone.
- Reviewed an anonymised sample of the personal care or treatment records of patients
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. All significant events were reported to IMH head office, and appropriate action and follow up was taken.
- The practice carried out a thorough analysis of the significant events. We saw minutes from meetings which showed that these were discussed at clinical meetings and learning disseminated to staff.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident when an electrocardiogram (ECG) result was not actioned in a timely way; processes were changed so that the results of all ECGs completed by nurses were either communicated directly to the GP, or were placed into the GP work box containing their high priority clinical daily tasks. An ECG is a test which checks for problems with the electrical activity of the heart.

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

Overview of safety systems and processes

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

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

responsibilities and all had received training relevant to their role. GPs were trained to child safeguarding level three. Nurses were also trained to level three and other staff to level one.

Notices on consultation room doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. We saw that one member of staff acting as chaperone had not received an enhanced Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Following the inspection the practice provided evidence that this had been applied for.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection prevention and control (IPC) lead who liaised with IPC leads within IMH to reflect best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice told us that there was a plan to nominate one of the practice nurses as clinical IPC lead following her induction into her role.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate and safe (including obtaining, prescribing, recording, handling, storing and security). During the inspection we noticed that some prescriptions for repeat medicines had not been collected within the expected timescale. Following the inspection the practice provided evidence of a system which they had set up to review the uncollected prescription box on a four weekly basis; and take appropriate action.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before

Are services safe?

presentation for treatment. The practice had a system for production of Patient Specific Directions (PSDs) to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse was on the premises. PSDs are written instructions, signed by a doctor, dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. In one case we saw that a non-clinical staff member who acted in the role of chaperone had not received an enhanced DBS check. The practice told us they would address this, and in the meantime the member of staff concerned would not act in this role.
- 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.

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 working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a 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. We saw that one GP was present on site for the practice each day. Staff told us this meant that workload demands, particularly for GPs, were high. The practice showed us an improvement action plan which prioritised recruitment of staff. A part time GP had recently resigned, and the practice had begun the process of recruiting a 30 hour replacement to work at this practice and their sister practice. The practice told us that in the event of unexpected absence, additional resource would be sought via locums available to the IMH parent organisation.

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 behind the reception area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 100% of the total number of points available (CCG and national average 95%) with 15% exception reporting. (CCG average 8%, national average 9%). 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 due to side effects.

Data from 2015/16 showed;

- Performance for diabetes related indicators was similar to CCG and national averages. For example 88% of patients with diabetes, on the register, had a cholesterol reading which was within normal limits recorded in the preceding 12 months compared to the CCG and national average of 80%.
- The percentage of patients with hypertension having regular blood pressure tests was 91% which was higher than the CCG and national average of 83%.
- Performance for mental health related indicators was higher than the CCG and national average. For example

100% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months, compared to the CCG and national average of 89%.

During the inspection we discussed the higher than average exception reporting rate for the practice. They told us that all patients were sent three invites within a four week period, and that text reminders were also sent to patients to attend for their review appointment. Some patients, such as those resident in dementia care homes were exception reported as reviews would not be appropriate in their case.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, benchmarking across the IMH organisation, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving compliance with National Institute for Health and Care Excellence (NICE) guidance in appropriate antibiotic prescribing for sore throat symptoms.

Information about patients' outcomes was used to make improvements such as improving the identification of patients with undiagnosed diabetes.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through 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 discussion at clinical and staff meetings, appraisals, informal clinical supervision and facilitation and support for revalidating GPs. The nurse director at IMH was to take the lead in supporting all nurse validation within the organisation. At the time of our inspection one member of staff had not had an appraisal within the last 12 months. Following our inspection the practice provided evidence that this had been arranged to be carried out on 31 January 2017.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and face to face training during their protected learning time sessions.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings, as part of the clinical meeting, took place on a monthly basis. Staff told us that patient care plans were reviewed and updated in a timely way.

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, such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental consent or knowledge.
- 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 to ensure it met the practice's responsibilities within legislation, and followed national guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to substance misuse and smoking cessation services available locally.

The practice's uptake for the cervical screening programme was 97%, which was higher than the CCG and national average of 81%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 90% and five year olds from 70% to 90%. National averages were 88% for two year olds and 89% for five year olds.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group on the telephone following our inspection. They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 95% said the GP gave them enough time (CCG and national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG and national average 95%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 70% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)
- 69% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

We explored the lower than average patient satisfaction in consultations with nurses. The practice told us a long term practice nurse had left the practice within the last few months; and prior to the appointment of two new permanent practice nurses they had made use of locum nurses. They felt the lack of continuity of care had resulted in these responses from patients.

Staff told us that interpreter services were available for patients who did not have English as a first language and that sign language interpreters were also available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified less than 1% of the practice list as carers. The practice told us they were working to improve their identification of those patients acting in a caring role. Their new patient registration form asked patient to identify whether they needed a carer, or if they acted in a caring role. In addition a local carers' charity

Are services caring?

held a drop in in the practice weekly, and spoke with patients in the waiting area highlighting the additional support available locally to people acting in this role. A dedicated notice board in the waiting area also identified additional means of support available to carers in the local area.

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 which was being developed by IMH, which all practices would follow to ensure that family members were identified and contact made following 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 IMH and the NHS England Area Team and Coventry and Rugby CCG Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example as part of the local Quality Improvement Plan (QIP) and in conjunction with CCG pharmacists, they undertook a medicines review of those patients over 75 years old who were taking eight medicines or more. As a result some patients' medicines were changed, and some achieved a reduction in the number of medicines they were prescribed.

- Longer appointments were available when required.
- Home visits were available for older patients and patients who would benefit from these.
- One of the GPs carried out a weekly 'ward round' to care homes for older people to review their health and care needs.
- Some patients told us they were not always able to access same day appointments when needed. These patients were directed to the extended hours appointment system, or to alternative healthcare providers, such as minor injury units or walk in centres.
- Patients were able to receive travel vaccinations available on the NHS.
- The premises were accessible to those patients with mobility problems, or those who used a wheelchair.
- A hearing loop was available. Telephone interpreter services were available for patients whose first language was not English. British Sign Language (BSL) interpreters could be accessed for those patients who had hearing difficulties and were able to read sign language.
- The practice hosted an 'Improving Access to Psychological Therapies' (IAPT) clinic. Those patients who were experiencing emotional or psychological difficulties were able to receive support from these sessions.
- The practice offered online services to book appointments or order repeat prescriptions. We saw evidence that 194 patients were fully registered for online services, although an additional 1269 patients had partially registered, and were requiring patient activation.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday.

Appointments were available as follows:

- Monday 9am to 12 noon, 1.30pm – 6pm with a GP, 2pm – 6pm with an advanced nurse practitioner.
- Tuesday 9am to 12 noon, 1.30pm – 6pm.
- Wednesday 8.30am to 1.30pm, 9.30 to 12.30pm, 2pm to 6pm.
- Thursday 9am to 12.30pm, 1.30pm to 6pm.
- Friday 9.30am to 12.30pm, 2.30pm to 6pm.

Pre-bookable extended hours appointments were available between 6.30pm and 9.30pm at a choice of four locations, delivered via a local GP Alliance. Appointments could be booked on the day by calling the practice at 8am. 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 hours appointments, or to an alternative healthcare provider. Appointments could be booked up to eight weeks in advance with GPs or nurses. On the day of our visit we saw that the next non-urgent appointment was available eight days later in the afternoon.

Following the inspection the practice provided evidence to show that recruitment of an additional GP was underway. They also told us that a meeting with the IMH Regional manager had been arranged to discuss access to appointments; and they were reviewing the ratio of administration time to patient facing time for clinicians to help improve access to appointments.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 77% patients said they could get through easily to the surgery by phone (CCG and national average 73%).
- 78% patients said the last appointment they got was convenient. (CCG average 91%, national average 92%).

Are services responsive to people's needs?

(for example, to feedback?)

Feedback received on CQC comment cards indicated that some people were not always able to get on the day appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled complaints in the practice. Additional support was offered through IMH 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. The practice told us they would review this, and would place a poster in the practice offering patients guidance on how to make a complaint. Following the inspection the practice provided us with an updated patient information leaflet which included

information on how to make a complaint. This also included the Parliamentary and Health Service Ombudsman details for those patients dissatisfied with the outcome of complaints.

- At the time of our visit the practice did not have a system for collecting informal complaints. Following our initial feedback the practice developed a patient comment folder 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.

The practice had received only one complaint in the last 12 months. We looked at this and found it had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a specialist infant formula had been prescribed for longer than the timescale recommended by the dietician. Following the complaint the issue was discussed at a clinical meeting, and GPs were reminded to review guidance received from dieticians before prescribing specialist infant formulae.

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

Malling Health@Stoke Aldermoor was part of Integrated Medical Holdings (IMH) Ltd. The organisation had a clear vision to improve the health, well-being and lives of patients.

- The mission statement was displayed in the practice building and staff we spoke with understood the values of the organisation.
- IMH had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice was part of IMH's overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear organisational role and staffing structure. Staff we spoke with were clear about their own roles and responsibilities within this.
- The practice had access to organisation wide protocols and policies. All were available on the practice computer system for staff.
- Performance of the practice was monitored and maintained via monthly clinical meetings.
- The practice made use of clinical and internal audit to monitor quality and to make improvements to clinical care.
- There were 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 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:

- 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.

IMH 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. Staff told us they had little contact with senior management from IMH; however they told us they felt supported by the GPs and practice manager in the practice.

- Staff told us the practice held regular team meetings, although full team meetings were not held.
- 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.
- Some GPs 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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through internal patient surveys, patient feedback box

Are services well-led?

Good 

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

and the Friends and Family Test. The practice had endeavoured to establish a PPG. At the time of our visit this had not been achieved. The practice told us they were exploring ways to engage with their patient group, through use of a 'virtual' PPG. Patient feedback was received by the practice manager, and communicated

to the regional manager at IMH. We saw evidence that the practice reviewed the results from the internal patient satisfaction survey and discussed the findings at clinical meetings.

- The practice had gathered feedback from staff through staff meetings and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.