

# The Meridian Practice

## Quality Report

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

### Ratings

Overall rating for this service		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 The Meridian Practice on 13 June 2017. Overall the practice is rated as good.

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

- Patients' needs were assessed and care was delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Some areas of the Quality and Outcomes Framework (QOF) were below average or the locality and nationally, particularly for patients with poor mental health.
- Services were planned and delivered to meet the needs of the practice population, for example, all GP appointments lasted for 20 minutes to take into account the complex needs and language requirements of the majority of patients.
- Patients told us they were treated with dignity, respect and compassion. Patients were involved in decisions about their care and treatment.

- Urgent same day patient appointments were available when needed. All patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments.
- Information about how to complain was available and easy to understand. The practice received very few complaints from patients and reviewed complaints to ensure lessons learned were not repeated.
- Patients said GPs gave them enough time.
- Risks to patients were assessed and well managed.
- There were clearly defined processes and procedures to ensure patients were safe and an effective system in place for reporting and recording significant events. They were fully reviewed at every staff meeting.
- The practice participated in national screening programmes for breast and bowel cancer, however averages were below those reported locally and nationally.

However there were areas of practice where the provider should make improvements:

- Continue to take appropriate action to ensure the highest possible outcomes are obtained through the

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Quality and Outcomes Framework (QOF) for patients who experienced poor mental health, within the demands created by a rapidly changing patient population.

- Take appropriate action to encourage patients to take part in national screening programmes for breast and bowel cancer.

- Continue to actively identify patients who are carers.
- Continue to ensure all patients who receive disease modifying medicines (such as those for rheumatoid arthritis) have an alert placed on their patient record to ensure clinical staff were immediately aware of this.

**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



- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings. Learning was shared with other practices within the area and the regional organisation.
- Procedures were in place to ensure patients were kept safe and safeguarded from abuse. All staff had received appropriate safeguarding training and had regular updates to reflect the vulnerable nature of many of their patients.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.
- Risks were assessed and the practice operated systems to ensure these were well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the Quality and Outcomes Framework (QOF) 2015/16 demonstrated that patient outcomes were below average when compared with the national average, 78% compared to an average of 94% for the Clinical Commissioning Group (CCG) and 95% nationally. Some of these outcomes were affected by a rapidly changing patient population.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment. We saw evidence that staff were actively encouraged to develop their professional qualifications.
- Staff had been made fully aware of the backgrounds and needs of the population groups represented within its patient list.
- Care was delivered by staff according to current evidence based guidance.
- The practice used clinical audits to identify areas of improvement and acted upon their results.
- The practice participated in national screening programmes for breast and bowel cancer, however averages were below those reported locally and nationally.
- All staff received monthly supervisions, appraisals and had personal development plans.

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- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs. There was a high level of communication with health visitors and the local authority.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- The results of the National GP Patient Survey published in July 2016 showed patients rated the practice highly for aspects of care.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- Easy to understand and accessible information about services was available for patients and could be provided in approximately 30 different languages.
- The practice actively identified carers, however this was low at 0.5% of the practice patient list.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice recognised the needs of its local population and tailored services appropriately. For example, GP appointments were 20 minutes long which reflected the complex needs and language barriers presented by many of the patients.
- When patients initially registered at the practice they had a comprehensive assessment lasting one hour which was carried out by the practice nurses. This had been specially developed by the practice and included a basic mental health assessment.
- Patients told us they were always able to obtain a same day appointment when needed.
- The practice building had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and

# Summary of findings

procedures which outlined how it should operate and held regular governance meetings. There was a positive working relationship with the organisation's regional office and both sets of management worked together as one team.

- The practice had a clearly defined vision which explained how it delivered care and treatment to patients. Staff understood this vision and how it related to their work.
- Processes were in place to monitor and improve quality and identify risk.
- The practice sought feedback from patients and staff. It carried out its own patient survey, which it acted on. The Patient Participation Group (PPG) was active. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.
- There was a strong emphasis on learning and improvement. We received feedback from staff who told us how supportive local and regional management were.

# 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



- Older patients were given personalised care which reflected their needs. There were only a small number of such patients registered at the practice, with only 28 patients aged over 60.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia. From those checks, the practice identified patients who needed further investigation and referred them appropriately. These checks were also incorporated into the checks provided for new patients if they were aged 75 or over.
- Although home visits were not available to patients who could not reach the practice, any such patients were provided with a taxi paid for by the practice.
- Nationally reported data showed that outcomes for patients were average for conditions commonly found in older people.

### People with long term conditions

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

Good



- Patients had a named GP and a review every three to 12 months to monitor their condition and ensure they received correct medicines. The frequency of the review depended on the severity of the patient's condition and the complexity of their needs.
- All patients with a long term condition were invited for an annual review in the month of their birth. The practice found this simplified the call/recall system as patients were more aware of when their review was due. Attendance had increased as a result.
- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- The practice achieved a 96% vaccination record for diabetes patients during 2015-2016.
- Longer appointments were available when needed.

### Families, children and young people

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

Good



# Summary of findings

- Systems were in place to identify children and young people who might be at risk, for example, those who were in the UK without parents or guardians (100 patients) and those who had a high number of A&E attendances.
- A total of 88% of eligible patients had received cervical screening in the last 12 months. This was above the national average of 81%.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were in line with or above average for the Clinical Commissioning Group (CCG).
- We saw positive examples of joint working with midwives who were available at the practice weekly. The practice also worked with two specialist health visitors who were fully trained to meet the complex needs of patients.
- Family planning services were available and all the practice nurses were trained to carry out contraceptive pill checks.
- Staff were fully trained to recognise and take appropriate action regarding female genital mutilation (FGM). Any cases of FGM were immediately referred to social services.

## 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 practice ensured it provided services to meet the needs of the working age population. For example, extended hours appointments were available on Tuesday evenings. Only those patients granted leave to remain in the UK were eligible to work and at this stage patients often moved on from the practice.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- A full range of services appropriate to this age group was offered, including travel vaccinations.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening; however the numbers of patients tested were below the national average. For bowel cancer 41% of eligible patients were tested against the national average of 58% and for breast cancer screening, 59% were tested against the national average of 73%.

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.

Good





# Summary of findings

- The background and current situation of most patients meant the majority of them were vulnerable in some way. All practice staff, both clinical and clerical, had received detailed training into the cultural background of patients represented at the practice to ensure patients could be handled appropriately and with compassion and dignity.
- There was a register of vulnerable patients including those with a learning disability.
- All patients received longer appointments.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, there were two dedicated health visitors and district nursing team.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.5% of the practice list as 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).

- Performance for mental health related indicators was below the local and national average, at 41% with an exception rate of 5%. This was below the CCG average of 89% with an exception rate of 11% and below the national average of 93% with an exception rate of 14%.
- The practice had identified gaps in local mental health provisions available to this patient group and had obtained funding for a counselling service for appropriate patients. Between 100 and 120 counselling sessions were provided each month.
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients were signposted to appropriate local and national support groups.
- Staff demonstrated a good working knowledge 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 in July 2016. The results showed the practice was largely performing in line with local and national averages for care, although some areas regarding patient access to the practice were below average and the practice was working to improve these. 346 survey forms were distributed and 87 were returned. This represented a 25% completion rate and 3.5% of the practice's patient population.

- 66% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 73%.
- 79% of patients 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 the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% and the national average of 78%.

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 of which were positive about the standard of care received. Patients said they could always obtain an appointment for the same day when needed, appointments were always on time and GPs and nursing staff always gave them enough time.

We spoke with five patients during the inspection. One patient was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. All the patients we spoke with said they were satisfied with the care they received and thought staff were excellent, always treated them with respect and gave them the time they needed.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to take appropriate action to ensure the highest possible outcomes are obtained through the Quality and Outcomes Framework (QOF) for patients who experienced poor mental health, within the demands created by a rapidly changing patient population.
- Take appropriate action to encourage patients to take part in national screening programmes for breast and bowel cancer.
- Continue to actively identify patients who are carers.
- Continue to ensure all patients who receive disease modifying medicines (such as those for rheumatoid arthritis) have an alert placed on their patient record to ensure clinical staff were immediately aware of this.

# The Meridian Practice

## 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 advisor.

## Background to The Meridian Practice

The Meridian Practice is located within the City of Coventry Healthcare Centre in Coventry and is operated by Virgin Care Coventry. It has a Alternative Provider Medical Services (APMS) contract with NHS England. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is a specialist one established in 2002 to provide GP services for all asylum seekers within Coventry. At the time of our inspection there were 2452 patients registered and the provider had recently had its contract extended to provide these services until the end of March 2018. To register with the practice, patients must provide details of their asylum seeker status. The majority of patients come from Syria, Afghanistan, Iran, Eritrea and Sri Lanka. Several hundred patients registered at the practice are in the area through the Government's Syrian refugee Resettlement Project coordinated through Coventry City Council. This includes 100 'looked after' children who are in the UK without parents or guardians. The specialist nature of the practice is unique in the West Midlands.

The practice has two GPs (male and female) and two practice nurses. They are supported by a local and a regional practice management team, along with administrative and reception staff.

The practice is open from 8am to 6.30pm during the week and appointments are available throughout these times. Extended hours appointments are available on Tuesdays until 7.30pm. When the practice is closed, patients can access out of hours care provided by the Coventry and Warwickshire Partnership Trust through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website.

There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice.

Although home visits are not available to patients who cannot not reach the practice, any such patients are provided with a taxi paid for by the practice. This is also arranged for patients who are blind, partially sighted or who have severe mobility problems. All patients registered at the practice have their travel costs paid for. At the time of our inspection no patients registered at the practice required home visits, although this would be reviewed if the need arose.

The practice treats patients of all ages, although the majority of patients are aged between 20 and 40 with twice as many men than women. They receive a full range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease. Other appointments are available for blood tests, family planning and smoking cessation.

## 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

# Detailed findings

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 our inspection, 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 inspection on 13 June 2017. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being assisted by staff when they attended the practice and talked with carers and/or family members.
- 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.
- We reviewed policies, procedures and other information the practice provided before the inspection.

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

The practice had an effective system in place for reporting and recording significant events. They used an on-line tool which ensured all appropriate action was tasked to relevant staff and actioned.

- We saw how the practice carried out a thorough analysis of significant events. We saw 20 had occurred within the last 12 months. All had been recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented. Details were also shared with regional management and with other practices within the organisation when learning points were relevant to ensure best practice in the future.
- Staff we spoke with described the incident reporting procedure and we were shown the 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 how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

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. For example, when a prescribing error was made, the patient was quickly contacted after the practice was alerted by a pharmacy. Relevant action was taken to correct the error and steps taken to reduce the likelihood of the error being repeated.

Patient safety and medicine alerts were well managed:

- The practice safety alerts protocol clearly described the process staff were to follow in responding to alerts.

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- These were coordinated by the practice manager (with a nominated person identified for when the practice manager was not available) who ensured actions taken had been recorded.
- Searches were made to identify any patients affected by alerts.
- All actioned alerts were discussed in clinical meetings.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result.

### Overview of safety systems and processes

We saw the practice had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Systems were in place to safeguard children and vulnerable adults from abuse. These were based on relevant legislation and local requirements issued by Coventry City Council. Staff told us how they could access these policies and we saw evidence of them. They 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 who had been trained to level three in children's safeguarding. Due to the high level of vulnerability amongst patients registered at the practice, all clinical staff had also been trained to this level. GPs, nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff we spoke with described the procedure followed when they identified safeguarding concerns. Audits carried out in 2015 and 2016 demonstrated all safeguarding referrals had been correctly made.
- All children who were a cause for concern were discussed in the monthly clinical meeting, or more frequently if required and raised in multi-disciplinary meetings when appropriate. The latter included two dedicated health visitors who worked with patients registered at the practice.

## Are services safe?

- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who had received appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the practice called these environmental audits. The latest had been carried out in November 2016. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.
- Notices in several languages were displayed in the waiting room to inform 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.
- There were suitable arrangements in place for managing medicines. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits, 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. This included forms used in computer printers.
- Appropriate procedures were in place to monitor patients who received high risk medicines (for example, warfarin, a blood thinning medicine). These patients were regularly reviewed and had alerts placed on their electronic patient records so they could easily be identified.
- There were Patient Group Directions (PGDs) in place to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- We saw processes were in place to carry out recruitment checks prior to employment. For example, proof of identity, references, qualifications, registration with the

appropriate professional body and the appropriate checks through the DBS. Due to the vulnerable nature of patients registered at the practice all DBS checks were enhanced checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed by the practice.

- Risks to patient and staff safety were monitored in an appropriate way. The practice had up to date fire risk assessments (last carried out in February 2017) and undertook regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use (checked April 2017) and clinical equipment was checked to ensure it was working properly. This had last been checked in April 2017.
- 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). A Legionella risk assessment had been carried out in November 2016.
- There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent and the weekly staff rota had 20% more staff on duty than was actually needed to ensure the practice would not be short-staffed due to unexpected staff absence. Locum GPs could be used when a GP was absent, but this had not been needed for some time.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use. No controlled drugs were kept on the premises.

## Are services safe?

- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. There was a first aid kit and accident book available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

or building damage. Arrangements were in place to use another Virgin Care Coventry practice building if the practice building was unavailable. The plan included emergency contact numbers for staff. Copies were kept by key staff at home so they could access them if the practice building became unusable.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' 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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were 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 (2015-2016) showed that the practice achieved 78% of the total number of points available with 11% exception reporting. This total was below the Coventry and Rugby Clinical Commissioning Group (CCG) average of 94% with an exception rate of 9% and below the national average of 95%, with an exception rate of 7%. Unverified data for 2016-2017 showed this figure had improved to 82%.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. For example:

- Performance for diabetes related indicators was 86%, with an exception rate of 9%. This was below the CCG average of 91% with an exception rate of 5% and below the national average of 91% with an exception rate of 4%.
- Performance for mental health related indicators was 41% with an exception rate of 5%. This was below the CCG average of 89% with an exception rate of 11% and below the national average of 93% with an exception rate of 14%.

We discussed QOF results with the lead GP. It was apparent some of these outcomes were caused by a rapidly changing patient population, as many as 50% of patients registered at the practice would only be at the practice for approximately 12 months pending the outcome of applications for leave to remain in the UK. At this point, patients often moved out of the local area. The practice had internal key performance indicators set by the CCG which took this into account and it performed well against these. Due to sensitivities around the asylum seeking status of patients, these were not publically available.

There was evidence of quality improvement including clinical audit:

- A programme of clinical audit was in place. We examined two of these where the improvements made were implemented and monitored. For example, an audit carried out on patients with asthma in November 2016 and repeated in May 2017 had seen the medicine dosage reduced for 40% of patients with asthma.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the audit on patients with asthma had identified a number of patients who needed to be reviewed again within secondary healthcare who had dropped out of their care.

### Effective staffing

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

- There was a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of



# Are services effective?

## (for example, treatment is effective)

their work. We saw evidence of ongoing support and coaching. All staff received monthly supervisions and had an appraisal within the last 12 months. Staff we spoke with confirmed this.

- The weekly staff rota had 20% more staff on duty than was actually needed to ensure the practice would not be short-staffed due to unexpected staff absence.
- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. New staff received a period of mentoring with an established member of staff.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated.
- For planned and long term GP absence, the practice had procedures in place to use locum GPs and appropriate checks would be made, but the practice had not needed to use locum GPs for some time.

### Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information included care plans, medical records and investigation and test results. Due to the largely younger age of patients, the practice did not have any patients registered who fitted the criteria of being at risk of unplanned hospital admissions and therefore needed care plans in place.
- Information was shared with other services appropriately. For example, when referring patients to other services such as secondary health care appointments. The GP team also frequently provided information to relevant local and national authorities to assist with applications for leave to remain in the UK and for housing applications when required. Appropriate consent was obtained from patients and recorded when this was needed.

Practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan ongoing care and treatment. This resulted in a 'joined

up' package of care with other providers. For example, when patients moved between services or when they were discharged from hospital. Regular multi-disciplinary meetings took place with other health care professionals when patient needs were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- When care and treatment was provided 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.

### Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- The practice had identified gaps in local mental health provisions available to this patient group and had obtained funding for a counselling service for appropriate patients. Between 100 and 120 counselling sessions were provided each month.
- Smoking cessation advice was available from the practice.
- Patients with asthma were encouraged to attend regular reviews with a practice nurse. This also included inhaler advice and technique.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.

The practice's data for the cervical screening programme was above that for the CCG, 88% compared to the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice

## Are services effective?

(for example, treatment is effective)

also encouraged its patients to attend national screening programmes for bowel cancer screening, with 41% tested against the national average of 58% and breast cancer screening, with 59% tested against the national average of 73%. Information was displayed in other languages promoting these. Systems were in place to ensure results were received and the practice followed up women who were referred as a result of abnormal results.

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

example, childhood immunisation rates for the vaccinations given to under two year olds averaged 98% and five year olds averaged 88%. This compared to a CCG average of 90% to 98%.

For 2016-2017, the practice had the highest flu vaccination rates for the CCG.

The practice carried out NHS health checks for patients aged 40–74 and a range of appropriate health assessments when required. 72% of eligible patients have received an NHS health check. 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

During our inspection of The Meridian Practice we saw staff treated patients with kindness and respect at all times.

- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We received 32 completed patient Care Quality Commission comment cards, all contained positive comments 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.
- Two of the five patients we spoke with told us GPs had assisted with asylum applications and had promptly provided relevant medical information when needed.

We spoke with one member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. They also told us they were satisfied with the very high level of care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were caring and respected patients.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for all satisfaction scores for consultations with GPs and practice nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients we spoke with told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs. Comments made by patients on the comment cards completed before our inspection supported this.

Results from the National GP Patient Survey published in July 2016 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:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 81%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- There was a translation service available for patients who did not have English as a first language. Notices were displayed in the reception area about this.
- Information leaflets could be made available in other languages on request. The practice catered for a total of 32 different languages.

## Are services caring?

- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.
- **The practice involved carers in decisions about patients' care and a procedure was in place to obtain patient consent for this.**

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

Literature was available in the waiting room to publicise local and national support groups and organisations. Many of these were targeted specifically at asylum seekers, for example assistance with housing, finance, the English language and specific gender related needs. Approximately 30% of female patients had experienced sexual assault and

they were provided with suitable counselling and support. The practice had a close working relationship with Coventry Refugee Centre and liaised with its counselling service.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.5% of the practice list as carers. The practice told us that because all patients registered at the practice were asylum seekers, very few were carers, however, the practice was working to identify carers who were 'hidden' through discussion and information displayed in the waiting room. On the day before our inspection, the practice held a carer's day to promote this.

GPs contacted families following bereavement. Patients were also signposted to relevant support services.

# 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 the Coventry and Rugby Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- GP appointments were 20 minutes long which reflected the complex needs and language barriers presented by many of the patients.
- When patients initially registered at the practice they had a comprehensive assessment lasting one hour which was carried out by the practice nurses. This had been specially developed by the practice and included a basic mental health assessment.
- Same day appointments were available for all patients when required.
- There were longer appointments available for patients with a learning disability and those initially diagnosed with diabetes. Patients who failed to attend for their annual health check were contacted by telephone.
- The practice offered telephone consultations for patients who could not attend the practice during normal working hours.
- The practice provided 'catch-up' vaccinations for patients with an unknown vaccination history. This followed guidelines issued by the World Health Organisation. Courses of vaccinations were also provided for patients who came from countries with a high occurrence of the disease.
- The practice provided specific planned care according to patient's needs. For example, women with HIV were called for annual cervical screening and all HIV Positive patients are offered pneumococcal as well as annual flu vaccinations.
- Travel vaccinations were available.
- A translation service was available for patients who did not speak English as a first language and written information could be provided in 32 different languages.
- Appropriate specialist staff training was carried out. For example, staff had received training to ensure they were fully aware of the difficulties and challenges faced by patients back in their home countries, for example, torture and sexual exploitation. Many patients carried emotional scars as a result and the practice funded

these patients to have access to an Improving Access to Psychological Therapies counsellor (IAPT). This counselling had been specially tailored to meet the needs of asylum seekers.

### Access to the service

The practice was open from 8am to 6.30pm during the week and appointments were available throughout these times. Extended hours appointments were available on Tuesdays until 7.30pm. When the practice was closed, patients could access out of hours care provided by the Coventry and Warwickshire Partnership Trust through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website.

There was also an online service which allowed patients to order repeat prescriptions and book new appointments without having to telephone the practice.

Although home visits were not available to patients who could not reach the practice, any such patients were provided with a taxi paid for by the practice. This was also arranged for patients who were blind, partially sighted or who had severe mobility problems. At the time of our inspection no patients registered at the practice required home visits, although this would be reviewed if the need arose. All patients registered at the practice had their travel costs paid for.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was largely in-line with local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 79% of patients 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 the national average of 85%.

We discussed these results with the GP partners and practice management. Patient access had been a concern due to increased patient numbers and the shared practice building did not have enough incoming telephone lines. We saw evidence this had been raised with the building

# Are services responsive to people's needs?

(for example, to feedback?)

owners at monthly building user's group meetings. The unpredictable nature of asylum seeking also meant there could be a sudden influx of patients into the area without warning. The practice continued to monitor these areas.

## Listening and learning from concerns and complaints

There was a clear and effective system in place for handling complaints and concerns.

- The practice complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had designated the practice manager to handle all complaints received.

- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.

We looked at two complaints received in the last 12 months and found they were handled in accordance with their complaints procedure and dealt with in a timely way. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. The practice acted on concerns raised by patient complaints, for example, by ensuring all patients who needed a same day appointment actually received one.

# 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 Meridian Practice had a clear direction and vision. This was in line with the group vision adopted by Virgin Care Coventry and also aligned with the particular nature of the service:

- To provide asylum seekers and refugees access to high quality healthcare within Coventry.
- To provide additional support and assistance for concerns such as mental health and well-being, malnutrition, post-traumatic stress and infectious diseases.
- To act as a beacon service for migrant health in Coventry and the West Midlands.

The practice values were understood by staff and used in patient literature. This included the aim to provide a high standard of medical care and be patient centred.

### Governance arrangements

There was a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- The staff structure was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. Virgin Care Coventry provided additional support and training to ensure staff were developed within those roles.
- A monthly clinical governance meeting was held to review the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- A comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified. For example, with concerns raised in the National GP Patient Survey.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.

### Leadership and culture

We saw how the clinical team and regional management team had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us management were fully approachable and listened to staff ideas and concerns.

There were systems in place to ensure compliance with the requirements of 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. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.
- Staff we spoke with told us felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered 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 a Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, developing services to meet the unique needs of patients, such as support from other local organisations.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.