

Meon Medical Centre

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 Meon Medical Centre on 8 August 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.
- Services were planned and delivered to meet the needs of the practice population, for example, the practice considered the care and social needs of its patients aged over 75 and had introduced initiatives to help meet these. For example, An over 75s co-ordinator worked with the practice team to identify elderly patients who were lonely or socially isolated. Those identified were offered support.
- Patients told us they were treated with dignity, respect and compassion. Patients were involved in decisions about their care and treatment. Patients also said GPs gave them enough time, were respectful and gave them all the information they needed. Results from

some areas of the National GP Patient Survey published in July 2017 showed the practice was performing substantially above local and national averages.

- 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. Those they received were reviewed to ensure lessons learned were not repeated.
- Risks to patients were assessed and well managed both within the practice and its associated dispensary.
- There were clearly defined processes and procedures to ensure patients were safe and an effective system in place for reporting and recording significant events and were fully reviewed at every staff meeting.
- In addition to formal planned meetings, staff met briefly on a daily basis to identify and find solutions for the challenges and concerns of each day.

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.

- 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.
- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data available from the Quality and Outcomes Framework (QOF) 2015/16 demonstrated that patient outcomes above average when compared with the national average, 99% compared to an average of 98% for the Clinical Commissioning Group (CCG) and 95% nationally.
- 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.
- 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.
- All staff received monthly supervisions, appraisals and had personal development plans.
- 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.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- The results of the National GP Patient Survey published in July 2017 showed patients rated the practice highly for all 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice recognised the needs of its local population and tailored services appropriately. For example, the GPs ward round of a local nursing home was carried out alongside a consultant psychogeriatrician.
- When patients initially registered at the practice they had a comprehensive assessment which was carried out by the practice nurses.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings.
- 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.

Good



Summary of findings

- 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) and over 75s PPG were 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.
- A high level of communication was observed in all areas of the work of the practice and this was facilitated by regular team and practice meetings. For example, in addition to formal planned meetings, staff met briefly on a daily basis to identify and find solutions for the challenges and concerns of each day.

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.

- Older patients were given personalised care which reflected their needs. For example, all patients aged over 75 were offered a holistic well person check and an information booklet.
- An over 75s Patient Participation Group (PPG) ran at the practice. In addition to providing input into how the practice ran, the group also carried out art and craft activities and other patients of the same age group were welcomed.
- An over 75s co-ordinator worked with the practice team to identify elderly patients who were lonely or socially isolated. Those identified were offered support.
- Regular events were organised by the practice for over 75s. For example, over 300 patients aged over 75 recently attended a party organised by the practice.
- 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.
- The practice reported a 20% reduction in demand for GP appointments among patients over 75 who had previously received an over75s assessment.
- The weekly GPs ward round of a local nursing home was carried out alongside a consultant psychogeriatrician (a consultant who deals with poor mental health in older people). This had been initiated by the practice to provide an improved service for the home which had a large number of residents with dementia and had enabled mental health needs to be more clearly identified and quickly addressed.
- Home visits were available to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were average for conditions commonly found in older people.
- The practice's care for over 75s had been recognised at regional and national level

Good



People with long term conditions

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

Good



Summary of findings

- Patients had a named GP and a review at least every 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.
- The practice identified patients who were at risk of developing diabetes and offered them appropriate lifestyle advice.
- Nursing staff had received appropriate training in chronic disease management, for example, asthma and diabetes.
- The practice achieved a 100% vaccination record for diabetes patients during 2015-2016.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- Systems were in place to identify children and young people who might be at risk. As the practice was located at borders of Warwickshire, Worcestershire and Gloucestershire, relevant contact details were readily available for appropriate agencies in all three counties.
- A total of 81% of eligible patients had received cervical screening in the last 12 months. This was in line with the national average of 81%.
- The practice provided a 'one-stop shop' for baby checks by co-ordinating practice nurse appointments for vaccinations with the 6-8 week checks.
- There were appointments outside of school hours (the last two appointments each day were specifically reserved) 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 closely with the local health visiting team who held clinics at practice twice every month.
- A full range of family planning services was available.
- The practice had a dedicated teenage page 'Teenage Healthfreaks' on its website which provided relevant information in an easily accessible and age appropriate way.

Good



Summary of findings

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 Monday evenings.
- Telephone consultations were available for patients who were unable to reach the practice during the day and the practice had recently increased the number of appointments that could be booked on-line.
- During flu vaccination season, the practice offered evening flu clinics to accommodate patients who worked 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. For bowel cancer 63% of eligible patients were tested against the national average of 58% and for breast cancer screening 75% 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.

- There was a register of vulnerable patients including those with a learning disability.
- Longer appointments were available when needed.
- 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 2% of the practice list as carers.

Good



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



Summary of findings

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Performance for mental health related indicators was above the local and national average, at 96% with an exception rate of 4%. This was above the CCG average of 93% with an exception rate of 8% and above the national average of 89% with an exception rate of 10%.
- 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.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2017. The results showed the practice was performing above local and national averages. 240 survey forms were distributed and 111 were returned. This represented a 46% completion rate and 2.5% of the practice's patient population.

- 97% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 71%.
- 97% 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 91% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 91% and the national average of 85%.
- 98% 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 91% and the national average of 84%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 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 14 patients during the inspection. One patient was a member of the main Patient Participation Group (PPG) and we spoke with seven members of the over 75s PPG and the over 75s co-ordinator. (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.

Meon Medical Centre

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 Meon Medical Centre

Meon Medical Centre is located in the village of Lower Quinton, near Stratford-Upon-Avon in Warwickshire. It is close to the borders with two other counties – Worcestershire and Gloucestershire. It has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice building is a modern, purpose built facility which

Offers dispensing services to those patients on the practice list who live more than one mile (1.6km) from a pharmacy.

At the time of our inspection there were 4,377 patients registered with the practice and this was increasing (for example, 3,000 were registered in 2008). A total of 8% (346) patients are aged over 75.

The practice has one partner GP (female), three salaried GPs (two female and one male), two practice nurses and a healthcare assistant. They are supported by a practice manager (who is also a business partner) and administrative and reception staff. A further ten staff members were employed in the dispensary, this included the manager, six qualified dispensers and three dispensary assistants.

The practice is open from 8.30am to 6.30pm during the week (5.30pm on Fridays) and appointments are available throughout these times. Extended hours appointments are available on Mondays until 8pm. When the practice is closed, patients can access care from 8am to 8.30am and from 5.30pm to 6.30pm on Fridays by their call being diverted to a specialist call handling company who signpost them to other local practices or care providers. Outside of these hours care is provided by Care UK 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 and in the literature it produces.

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

Home visits are available to patients who cannot reach the practice and the practice also has a good working relationship with the local shared taxi service and makes arrangements for transport when necessary.

The practice treats patients of all ages and provides 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 (every morning), family planning and smoking cessation. It is also a member of the local GP federation, the South Warwickshire Federation. This comprises 34 GP practices. The practice also provides services to a local care home which includes a 30 bed dementia unit.

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

Detailed findings

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 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 8 August 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.

- Met the members of the over 75s Patient Participation Group (PPG).

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

Meon Medical Centre had an effective system in place for reporting and recording significant events:

- We saw how the practice carried out a thorough analysis of significant events and were shown records of the 38 that had occurred within the last 14 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 changes 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 information relating to a blood test was miscommunicated to a patient, the practice apologised, amended the procedure for booking appointments and raised the matter with relevant staff.

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, for example, after a warning was received about a potential battery problem with a defibrillator implant.

Overview of safety systems and processes

We saw that Meon Medical Centre 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 the local authority. 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, as had all clinical staff. Administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding children (level one) and vulnerable adults relevant to their role. Clinical staff we spoke with described the procedure followed when they identified safeguarding concerns.
- All children who were a cause for concern were discussed in clinical and multi-disciplinary meetings. The latter included members of the local health visitor team.
- 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 latest in August 2016 and we saw that preparation had started for the next one. This was due to be carried out shortly

Are services safe?

after our inspection. The last infection control audit had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.

- Notices 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 which included the review of high risk medicines. 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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The practice had signed up to the Dispensary Services Quality Scheme for quality monitoring
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential for misuse) and had procedures in place to manage them safely. There were also appropriate arrangements for the destruction of controlled drugs.
- 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. Staff had either received a full DBS check prior to their employment, or an appropriate risk assessment had been carried out, dependent on their role.

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 and undertook regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use (checked February 2017) and clinical equipment was checked to ensure it was working properly (December 2016).
- 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 and a regular analysis of staffing needs was carried out. 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. Locum GPs could be used when a GP was absent and appropriate procedures were in place to facilitate this. The practice received human resources support from a specialist company.

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. All the medicines we checked were in date and stored securely. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with

Are services safe?

adult and children's masks. There was a first aid kit and accident book available. The practice also maintained a defibrillator which was available for use in the local community.

- 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 alternative premises 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 99% of the total number of points available with 7% exception reporting. This total was the same as the South Warwickshire Clinical Commissioning Group (CCG) average of 99% with an exception rate of 8% and above the national average of 95%, with an exception rate of 7%.

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 99%, with an exception rate of 3%. This was above the CCG average of 96% with an exception rate of 5% and above the national average of 91% with an exception rate of 4%.
- Performance for mental health related indicators was 100% with an exception rate of 7%. This was above the CCG average of 98% with an exception rate of 10% and above the national average of 93% with an exception rate of 14%.

There was evidence of quality improvement including clinical audit.

- A programme of clinical audit was in place. We examined three of these where the improvements made were implemented and monitored. For example, an audit carried out on patients who received a medicine to reduce the risks of strokes or heart attacks. This revealed that three patients who received the medicine could have it safely stopped with no risk to their on-going health.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an audit on patients who received anti-coagulant (medicines which reduce the risk of blood clots) medicines prescribed by secondary healthcare revealed that out of eleven patients who received these medicines, only one had been given correct advice on usage. Patients were referred back to the relevant clinic and the practice ensured they were correctly advised.

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

Are services effective?

(for example, treatment is effective)

- 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, there was a close working relationship with the local health visiting team and patients were referred to them when concerns were identified. A health visitor's clinic was held at the practice every two weeks.
- 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:

- 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 needed additional support, such as dietary advice.

The practice's data for the cervical screening programme were in line for the CCG, 81% compared to the CCG average of 83% and in-line with 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 also encouraged its patients to attend national screening programmes for bowel cancer screening, with 63% tested against the national average of 58% and breast cancer screening, with 75% tested against the national average of 73%. 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 ranged from 94% to 97% (above the national target of 90%) and five year olds averaged 93% to 95%. This compared to a CCG average of 90% to 98%.

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 had 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 Meon Medical Centre 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 43 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. Five patients said many GP practices could learn a lot from Meon Medical Centre.

We spoke with 14 patients during the inspection. One patient was a member of the main Patient Participation Group (PPG) and we spoke with seven members and the chair of the over 75s 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. The over 75s PPG included a craft group and the practice partially funded some of their activities. All members had joined the group following the loss of their partners and collectively told us how supportive the practice had been.

Comment cards highlighted that staff were consistently caring and respected patients.

Results from the National GP Patient Survey published in July 2017 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) and the national averages of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages 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 and the national averages 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 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were either above or largely in-line 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 91% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% 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, however this was rarely needed.

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. This included a range of services for patients who were elderly or had poor mental health.

In addition to providing the full range of services for patients aged over 75, the practice also took a more holistic approach to their wider care and social needs. For

example, all patients aged over 75 were offered a holistic well person check and an information booklet which gave information on subjects such as domiciliary care, financial help and funeral planning.

The practice was also part of a 'Healthy Homes' initiative with the local Citizen's Advice Bureau who gave advice on tackling fuel poverty and arranged free boiler checks for relevant patients when concerns were raised.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Information, including details of support groups, including South Warwickshire Carer's Support Service, was available. A regular carer's coffee morning was organised by the practice's Patient Participation Groups (PPGs) and was held at the practice.

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 South Warwickshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- 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.
- Home visits were available for patients who were unable to reach the practice.
- The practice offered telephone consultations for patients who could not attend the practice during normal working hours.
- Travel vaccinations were available and the practice was a yellow fever centre.
- Services were planned and delivered to meet the needs of the practice population, for example, the practice considered the care and social needs of its patients aged over 75 and had introduced initiatives to help meet these.
- The GPs ward round of a local nursing home was carried out alongside a consultant psychogeriatrician (a consultant who deals with poor mental health in older people). This has enabled mental health needs to be more clearly identified and quickly addressed.
- All nursing home admissions and deaths were reviewed in the multi-disciplinary team meetings.
- Urgent concerns were raised in the daily staff meeting, for example, patients who were receiving end of life care.
- The practice provided a 'one-stop shop' for baby checks by co-ordinating practice nurse appointments for vaccinations with the 6-8 week checks.
- Weekly midwife appointments were available.
- The practice had a dedicated teenage page 'Teenage Healthfreaks' on its website which provided relevant information in an easily accessible and age appropriate way.

Access to the service

The practice was open from 8.30am to 6.30pm during the week (5.30pm on Fridays) and appointments were available throughout these times. Extended hours appointments were available on Mondays until 8pm. When the practice was closed, patients could access care from 8am to 8.30am and from 5.30pm to 6.30pm on Fridays by their call being diverted to a specialist call handling company who signposted them to other local practices or care providers. Outside of these hours care was provided by Care UK 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 and in the literature it produced.

There was also an online service which allowed patients to order repeat prescriptions and book new appointments without having to telephone the practice. The practice was part of a major initiative called 'Accessible GP' to encourage patients to use on-line services and could provide training when necessary.

Home visits were available to patients unable to reach the practice and the practice also had a good working relationship with the local shared taxi service and made arrangements for transport when necessary. The practice had also successfully campaigned to have a bus stop located outside of the practice building.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by telephone compared to the CCG average of 80% and the national average of 73%.
- 98% 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 91% and the national average of 85%.

Listening and learning from concerns and complaints

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

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

- 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 a summary of the five complaints received in the last twelve months and at one of those in more detail. Complaints 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. There were no re-occurring themes within the last 12 months. The practice acted on concerns raised by patient complaints, for example, by changing the procedure for a particular medical process when a patient felt they had not been correctly treated by practice staff and also by introducing text message reminders for patients.

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

Meon Medical Centre had a clear direction and vision which was clearly expressed to patients through patient literature, the practice website and by the way staff treated patients. The practice aimed to:

- Provide high quality medical care.
- Retain traditional family practice values.
- Have a friendly approach.

The practice values were understood by staff and patients we spoke with also referred to them.

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.
- A monthly clinical governance meeting was held every eight weeks to review the performance of the practice.
- The practice nurses and practice manager attended external meetings with staff from other practices.
- 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.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.
- The practice worked together with four other GP practices in the local area to discuss and shape the future of GP practice within Stratford with changing demands. For example, an expanding population due to new house building within the area will present a challenge in the future. GPs and practice management told us 1,000 new homes had already been approved in the local area and another 3,000 were pending. It was recognised that the practice needed to be pro-active to enable it to meet this future demand.

Leadership and culture

We saw how the clinical team and practice management 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.

A high level of communication was observed in all areas of the work of the practice and this was facilitated by regular team and practice meetings. This included:

- A daily 'mini multi-disciplinary team' (MDT meeting with all clinical staff on duty meeting together at 10am) to discuss patients of concern, the previous night's out of hours attendances, visit requests and a catch-up with any other health care professionals working within the practice building that day.
- Weekly heads of department meetings to discuss any issues within that department that might affect the whole practice and to disseminate information from each department to the others.
- Weekly planning meetings to plan for the following two weeks, including staffing cover due to holidays or other absence.
- Monthly team meetings within each department to share ideas.
- Monthly meetings with the health visiting team to discuss children of concern.
- Bi-monthly MDT meetings with Macmillan nurses, district nurses, practice clinical staff, midwives and health visitors as appropriate.
- Quarterly meetings with the management team at the nursing home served by the practice.

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.

Are services well-led?

Good 

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

- 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, assisting with the practice business plan.

- An over 75s Patient Participation Group (PPG) also ran at the practice which provided input into how the practice ran from an older person's perspective.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- A patient suggestion box was available.
- Over the last six months, results from the NHS Friends and Family test revealed 99% of patients would be extremely likely or likely to recommend the practice.
- We were shown a large selection of compliments and thank you cards received from patients.