

# McKenzie House

## Quality Report

17 Kendal Road  
Hartlepool  
Cleveland  
TS25 1QU

Tel: 01429230000  
Website: [www.mckenziegrouppractice.co.uk](http://www.mckenziegrouppractice.co.uk)

Date of inspection visit: 13/05/2015  
Date of publication: 23/07/2015

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	11
Background to McKenzie House	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an inspection of McKenzie House practice on 13 May 2015 as part of our comprehensive programme of inspection of primary medical services. The inspection team found after analysing all of the evidence that the practice was safe, effective, caring, responsive and well led. In summary our key findings were as follows:

- The practice provided good, safe, responsive and effective care for all population groups in the area it serves.
- Where incidents had been identified relating to safety, staff had been made aware of the outcome and action taken where appropriate, to keep patients and staff safe.
- Patients received care according to professional best practice clinical guidelines. The practice had regular information updates, which informed staff about new guidance to ensure they were up to date with best practice.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The service was responsive and ensured patients received accessible, individual care, whilst respecting their needs and wishes. They had worked hard to recruit staff to improve accessibility and continuity of care to the practice population.
- The service was well led and there were positive working relationships between staff and other healthcare professionals involved in the delivery of service.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should take to improve:

- Infection control in some areas of the branch surgery required attention.
- The process for stock rotation in the branch surgery.
- The process for Chaperone training and Disclosure and Barring Service (DBS) checks.

# Summary of findings

- The storage of oxygen cylinders.

Chief Inspector of General Practice

**Professor Steve Field** CBE FRCP FFPH FRCGP

# 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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There was enough staff to keep people safe. All the staff we spoke with were knowledgeable and aware of their responsibilities in maintaining patients and visitors safety. We saw that infection control in the branch surgery required some attention.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet their needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. We saw evidence of good multidisciplinary working, links to local community groups and into local care homes.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The majority of patients said they found the Doctor First appointment system used by the practice easy to use. There was

Good



# Summary of findings

continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints with staff and other stakeholders

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risks. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# 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 patients. Nationally reported data showed outcomes for patients were good, for conditions commonly found in this age group. The practice offered proactive, personalised care to meet the needs of the older patients in their practice population. They had a range of enhanced services, for example, in dementia and end of life care. We saw how they responded to the needs of older people, offering home visits and rapid access appointments. The practice told us they led in bringing the nine Hartlepool GP practices together to provide enhanced care to care home residents within the area.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. These patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the named GP, nurse practitioner or practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had in place a three year plan to train the current long term condition nurses (LTC) in all aspects of LTCs. These meant patients with more than one LTC could be seen by the same nurse.

Each patient on the palliative care register list was assigned a named GP to oversee their individual care. This was discussed at regular multi-agency palliative care meetings. The practice nominated a lead GP for palliative care that was also the CCG palliative care lead. The practice regularly monitored patients with long term conditions and proactively followed up these patients following hospital admissions to prevent re admission and support recovery.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. It included children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly. The practice offered post natal examinations and ongoing contraception advice. The uptake of cervical screening was above the national average. Patients were able to access these services at a time that suited them.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of these patients had been identified. The practice had adjusted the services it offered to ensure they were accessible, flexible and offered continuity of care wherever possible. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. Following the introduction of the Doctor First the practice offered fixed time call backs for patients. This meant that telephone appointments were offered at a time to suit working people. Doctor first is a demand led system that allows practices to effectively manage patient demand by clinicians talking to patients and assessing their need on a clinical priority basis. The practice also offered late evening surgeries on Tuesdays and Thursdays.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients living with a learning disability. Annual health checks for patients with a learning disability were offered. Longer appointments were made available for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Appropriate services were available for vulnerable patients. They were signposted and supported to attend in-house support and voluntary organisations. The practice were engaged with a local Return to Work programme trying to assist people coming off benefits and back into working life.

Staff knew how to recognise signs of abuse in vulnerable adults and children. They told us of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice worked closely with the Crisis Team and Psychiatric Team, who responded quickly to patients' needs. Two of the GPs were Section 12 approved and regularly undertook Mental Health Act assessments. A section 12 approved doctor is a medically qualified doctor who has specific expertise in the diagnosis and treatment of mental disorder.

Patients experiencing poor mental health could access support services within the practice as well as other voluntary organisations. There was a system in place to follow up patients who had attended accident and emergency (A&E), where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

We spoke with 18 patients and received 18 CQC comment cards. Patients were aware they could have someone present at their consultation if required and were able to speak to staff in a private area if necessary. All patients spoken with were happy with the cleanliness of the environment and the facilities available.

We saw the practice was continually seeking feedback from patients to shape and develop services in the future. The practice had a NHS friends and family questionnaires' box available in reception where patients could leave their completed questionnaires.

Following discussion with the PPG the practice undertook a local questionnaire rather than the national patient survey in 2013/2014. They agreed this would be of greater benefit to the practice population in obtaining feedback regarding the provision of local services. The practice aimed to obtain 1000 completed forms however they received 271 responses despite looking at different ways to encourage patients to complete the questionnaire. The practice used a system called Doctor First where emergency patients were triaged via the telephone by either a nurse practitioner or GP. The questionnaire asked specific questions relating to this process and the new telephone system. Not all patients answered every question.

- 220 patients said they were satisfied or very satisfied with the telephone consultation with the GP and 14 said they were not satisfied.
- 167 patients said they were satisfied or very satisfied with the consultation with the nurse and one person was unhappy with this process.
- 185 patients said that the new telephone number improved getting through to the practice and 48 answered no.

- 147 patients rated the times the practice opened for appointments as fair to excellent and six rated it as poor.

The results showed the majority of patients who responded to the survey were happy with the telephone consultation system and telephone access. The practice also received a number of comments and suggestions which were taken forward in the action planning process. For example, additional services the practice may start to offer in the future such as prescriptions on line, appointments on line and use of text messages to remind patients about their booked appointments. We saw the practice had actioned these suggestions following the introduction of the new computer and telephone system in the practice.

We also looked at the monitoring of the responses received by the practice to the friends and family. We saw that between 80 and 90% of patients were likely to recommend the practice to family and friends. This showed that patients were happy with the service they received.

We spoke with 16 patients, from different population groups, and two members of the PPG. They all told us the staff were very helpful, respectful, supportive of their needs and all were happy with the care they received. They felt everyone communicated well with them; they were involved and felt supported in decisions about their care. They felt the clinical staff responded to their treatment needs and they were provided with a caring service.

We found the practice valued the views of patients and saw, following feedback from surveys that changes were made in the practice. They had also reviewed when the demand for appointments were highest and had adjusted staff work schedules to ensure they were available to respond to the demand.

## Areas for improvement

### Action the service SHOULD take to improve

- The storage of oxygen cylinders.
- Infection control in some areas of the branch surgery required attention.

## Summary of findings

- The process for stock rotation in the branch surgery.
- The process for Chaperone training and Disclosure and Barring Service (DBS) checks.

# McKenzie House

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector, a GP specialist adviser, a specialist practice manager and an Expert by Experience.

## Background to McKenzie House

The McKenzie House practice is located in a purpose built building, 17 Kendal Road, Hartlepool.

The practice provides Personal Medical Services (PMS) under a contract with NHS England to a practice population of 14,000 patients. There is a branch surgery at Throston Medical Centre which is a purpose built building.

The practice has six GP partners, (two female and four male). They are supported by three Nurse Practitioners (female) and seven practice nurses and five health care assistants / phlebotomists (all female). There is an administration team with specific roles identified and there is a practice manager/ business manager.

The practice and branch surgery are open from 08:30 – 18:00, Monday to Friday with extended opening hours on Tuesday and Thursday evening until 8pm at Throston Medical Centre (branch surgery). The appointments are available during these times with the practice nurse and GPs. The GP appointments were booked by the GP following an initial phone call. The practice has opted out of providing Out of Hours services to their patients. The practice uses Northern Doctors Urgent Care Ltd, for it's Out of hours cover from 6pm–8am each evening.

A wide range of services are available at the practice and on site. These include minor surgery vaccinations and immunisations, cervical smears, and chronic disease management such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and heart disease.

## 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. This 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.

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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 May 2015. During our visit we spoke with a range of staff: these included GPs, Nurse Practitioners, members of the practice nurse team, managers and clerical and administration staff. We spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We read 18 CQC

## Detailed findings

comment cards where patients shared their views and experiences of the service. The practice is a training practice and currently has one GP registrar working in the practice.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. These included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, report incidents and near misses. For example, the practice had a specific process to raise safety concerns and all issues raised were investigated.

We reviewed safety records, incident reports and minutes of meetings where these were discussed over the last year. This showed the practice had managed them consistently over time and so showed evidence of a safe track record over the long term. We saw learning and improvement from safety incidents.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the year and we were able to review these. Four significant events were recorded from 2014 until April 2015. Significant events were a standing item on the practice monthly clinical meetings. We saw regular reviews of actions from past significant events and complaints to ensure the action identified was effective. There was evidence the practice had learned from these and that the findings were shared with relevant staff. All staff we spoke with knew how to raise an issue for consideration at the meetings and they felt encouraged to do so. Staff told us they would always raise any concerns or risks with the practice manager or one of the management team.

We saw the practice had a nominated safety lead that monitored safety and risk within the practice. We saw evidence of action taken as a result of an issue raised. An example of this was improving the checking of patients identity and raising with staff the importance of checking patients date of birth.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at staff meetings to ensure all staff were

aware of any that were relevant to the practice and where they needed to take action. An example given by staff was the recent Ebola information and alerts relating to diabetes monitoring equipment.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed all staff had received relevant role specific training on safeguarding and the mental capacity act. We asked members of the medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in and out of normal working hours. Contact details were easily accessible on the practice computer system. The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children and a nominated deputy. They had been trained at level three and could demonstrate they had the necessary training to enable them to fulfil this role. The lead was aware of all safeguarding concerns raised within the practice. All staff we spoke to were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

The practice was able to identify families, children, and young people living at risk or in disadvantaged circumstances, and looked after children. The clinical staff confirmed they were able to identify and follow up children, young people and families. There were systems in place for identifying children and young people with a high number of A&E attendances. Child protection case conferences and reviews were attended by staff where appropriate. We were told that children who persistently fail to attend appointments for childhood immunisations would be followed up with letters and discussed with the health visitor.

The practice had regular staff meetings to discuss urgent concerns regarding patients. There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments. We saw that staff were aware of and responsive to older people, families, children and young people, vulnerable

## Are services safe?

people and the support they may require. The practice had good awareness of the support organisations within the local community and surrounding areas. The lead safeguarding GP was aware of vulnerable children and adults and demonstrated good liaison with partner agencies such as the police, social services and support organisations.

There was a chaperone policy, and chaperone notices which were visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff had been trained to act as a chaperone. We were told the administration/reception staff did not undertake this role. However two members of staff told us they had undertaken this role and had not received training. We discussed this with the lead GP and practice manager who told us they were unaware of this and would address this immediately. The two members of staff we spoke with had not undergone Disclosure and Barring Service (DBS) checks.

The practice had processes in place to identify and regularly review patients' conditions and medication. There were processes to ensure requests for repeat prescribing were monitored by the GPs. The practice employed two medicine coordinators to deal with repeat prescriptions.

### Medicines management

We checked medicines stored in the practice and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. However, in the branch surgery we found some items had passed their expiry date such as urine testing sticks.

The nurses and the GPs administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of these and evidence that nurses had received appropriate training to administer vaccines.

The nurse practitioners were qualified as independent prescribers and they received regular supervision and support in their role; as well as updates in the specific clinical areas of expertise for which they prescribed.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

We spoke with the pharmacist attached to the practice who described a close working relationship with the practice and the improved prescribing trends. We saw the practice held monthly meetings to review the practices prescribing. We saw that individual prescribers regularly reviewed their prescribing to ensure they adhered to protocols. The practice had effectively improved their antibiotic prescribing over the past year making a marked cost saving for the year.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. The practice employed two dedicated medicine coordinators who dealt with repeat prescription requests. The coordinators also identified potential prescribing savings to the clinicians and attached pharmacist. For example they recently identified a saving in the prescribing of iron supplements. There were also dedicated telephone lines for prescription requests.

We saw a system was in place for managing national alerts about medicines such as safety issues. Records showed the alerts were distributed to staff, who implemented the required actions as necessary to protect people from harm.

### Cleanliness and infection control

We observed the premise to be clean and tidy. We also visited the branch practice at Throston where we found some areas were in need of attention. For example dust

## Are services safe?

under an examination couch and patient toilets. Cleaning equipment was not stored appropriately in the branch surgery. Patients we spoke with in the main surgery told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead person for infection control who had undertaken further training to enable them to provide advice and carry out staff training in the control of infection. All staff received awareness of infection control specific to their role and received annual updates. We saw evidence that the lead had carried out regular audits and any improvements identified for action were identified. We saw the practice had a plan to continually update and review areas identified in the infection control audit; for example changing carpets in consulting rooms, replacing the seating in patient areas and replacing taps in clinical areas.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff were aware of the action to take in this event.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Portable electrical equipment used was routinely tested

and displayed stickers indicating the last testing date. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

### Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and where indicated criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place to ensure that enough staff were on duty. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager continually monitored the staffing levels to ensure staffing levels and skill mix was in line with planned staffing requirements.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed and accessible for staff to see and there was an identified health and safety representative.

Identified risks were included on a risk log. Each risk was assessed and actions recorded to reduce and manage the risk. We saw any risks were discussed at GP partners' meetings and all staff were notified individually.

Staff were able to identify and respond to the changing risks to patients including deteriorating health and well-being or medical emergencies. We saw for all patients



## Are services safe?

with long term conditions that there were emergency processes in place to deal with their changing conditions. The nurses we spoke with told us that if a patient's condition was deteriorating they would increase the

frequency of appointments and discuss with the named GPs. We saw that where there were concerns about a patient's condition they could be discussed and advice obtained from other clinicians, immediately.

There were emergency processes in place for identifying acutely ill children and young people. The practice had appropriate equipment in place to deal with medical emergencies for all patient groups.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's

heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We saw that not all oxygen cylinders were safely stored.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

The practice had carried out a fire risk assessment. This included actions required to maintain fire safety. Records showed staff were up to date with fire training and they practised regular fire alarms and drills.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from NICE and from local commissioners. We saw evidence that where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. For example implementing NICE guidance regarding the changes in the assessment of a sick child. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure each patient received support to achieve the best health outcomes for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of the patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw evidence that GPs and nurses had processes in place to continually update their knowledge and skills. Examples of these were attending the Clinical Commissioning Group (CCG) education sessions and attending external courses. GPs led in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. The GPs told us they had a three year programme to ensure all nurses received training in the management of all long term conditions. This would enable the nurses to manage patients suffering from all long term conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. We saw that a nominated GP attended the CCG meetings on behalf of the practice. There was evidence of good working relationships with other practices in the Hartlepool areas. For example the practices had worked together to provide regular GP input into the local care homes within the Hartlepool area. The lead GP told us that the practice had led on this project.

The practice undertook an internal peer review of referrals and also bench marked this with the neighbouring practices. We saw that care plans had been developed for patients with complex needs. The practice had exceeded the target of 2% of the practice population and had completed care plans for 3.5 % of the practice population.

The practice told us that any patient identified as vulnerable and at risk of admission had a care plan developed. This ensured these patients received a regular review and management plans for their care were in place. These were reviewed at the practices clinical and multidisciplinary meetings and when required.

National data showed the practice was in line with referral rates to secondary care and other community care services for all conditions. The practice used a referral system to refer patients into secondary care. We saw the practice had a system in place to ensure good compliance with this system. Processes were in place for patients with suspected cancers who were referred to secondary care to be seen within two weeks.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child and adult protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice showed us a number of clinical audits that had been undertaken in the last two years. We saw an audit of antibiotic prescribing and COPD (chronic obstructive airways disease). We saw there had been significant improvement in the prescribing of antibiotics resulting in a considerable cost saving within the practice. All prescribers were monitored and there was evidence of peer review. The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures.

The practice also used the information collected for the QOF and performance against national screening

# Are services effective?

## (for example, treatment is effective)

programmes to monitor outcomes for patients. For example 95% the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive, agreed care plan in the preceding 12 months. The practice met all the minimum standards for QOF in diabetes/asthma/ chronic obstructive pulmonary disease (lung disease). This practice was not an outlier for any QOF (or other national) clinical targets.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked patients receiving repeat prescriptions had been reviewed by the GP. They also ensured all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. We saw evidence to confirm that, after receiving a medication alert, the GPs had reviewed the use of the medicine in question. The evidence we saw confirmed that the GPs and nurse prescribers with the support from the pharmacist and medicine coordinators had oversight and a good understanding of best treatment for each patient's needs.

The practice was following the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. As a consequence of staff training and better understanding of the needs of patients, the practice had increased the number of patients on the register.

### Effective staffing

We reviewed staff training records and saw all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the GPs with all of them having additional diplomas in areas of particular interests. These included sexual and reproductive medicine and child health. All GPs were up to date with their annual continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is

appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals. These identified learning needs from which action plans were documented. Our interviews with staff confirmed the practice was proactive in providing training and funding for relevant courses. As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. GP registrars were not placed at the practice on the day of our inspection.

Practice nurses were expected to perform defined duties and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines, and cervical cytology. Those with extended roles such as management of diabetes and respiratory diseases were also able to demonstrate they had appropriate training to fulfil these roles.

### Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage complex cases. They received blood test results, x-ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. We did notice that the GPs met regularly with the nurse practitioners to review and discuss patient care. However we saw that the practice nurses did not meet regularly with the GPs to discuss and review patients.

The practice was commissioned for several enhanced service. Examples of these were flu vaccinations, dementia and warfarin monitoring. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract. We saw that the

# Are services effective?

## (for example, treatment is effective)

practice had developed policies and procedures to deal effectively with the enhanced services and regularly monitored their performance. The practice had systems in place to manage and learn from unplanned admissions.

The practice held multidisciplinary team meetings every six to eight weeks to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out-of-hours provider to enable patient data to be shared in a secure and timely manner. Staff reported that this system was easy to use.

The practice had also signed up to the electronic Summary Care Record. The practice had in place a medical records system which allowed the clinical and the patients' care teams' instant access to medical records at this surgery. This system enabled staff in the practice to see and treat patients within the practice. These records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours. The practice had systems in place to provide staff with the patient information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospitals, to be saved in the system for future reference. Hospital discharge letters were mainly electronic and were coded and seen by a doctor.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had processes in place to help

staff. For example when making do not attempt resuscitation orders. This highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it). The staff we spoke with were able to give examples of how a patient's best interests were taken into account if a patient did not have capacity to make a certain decision on the day.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. For example, for all surgical procedures consent was recorded. The practice also followed implied and verbal consent given by patients and recorded this in the patients' medical record.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

### Health promotion and prevention

The practice asked new patients to complete a new patient registration form. As part of the registration process patients were asked to make a 20 minute appointment with the practice nurse for a simple check-up and completion of the questionnaire. Patients were asked for details of any past medical history to ensure the practice had up to date information about the patient, their treatment requirements and details of their family history. The GPs were informed of all health concerns detected and these were followed up in a timely manner.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that patients in this age group took up the offer of the health check. We saw that where patients were identified as being at risk that they were followed up. The practice waiting areas and the practice web site provided further information about health promotion and how long term conditions were managed for example heart disease.

## Are services effective?

(for example, treatment is effective)

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were offered an annual physical health check. Practice records showed the numbers of those who had received a check up in the last 12 months and monitored this. The practice had put in place arrangements to text patients as well as sending invitations via the post which had improved the uptake of health checks and appointment attendance. Similar mechanisms of identifying 'at risk' groups were used for patients with long term conditions and those receiving end of life care. These groups were offered further support in line with their needs.

The practice's performance for cervical smear uptake was 86%, which was higher than the national average of 81%. There was a policy to offer reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for the childhood immunisation programme was above average for the CCG, and again there was a clear policy for following up non-attenders.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the local patient survey 2013 to 2014. The survey was done in partnership with the practice's patient participation group (PPG). The evidence from the survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 18 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. However at the branch surgery there were no privacy curtains in the consulting rooms, and only the treatment room had privacy curtains. We were told the consulting rooms were not used for patient examinations. The practice manager and lead GP told us curtains had been purchased for the rooms and they were awaiting fitting.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. In response to patient and staff suggestions, a system had been introduced to allow only one patient at a time to approach the reception desk. This helped to prevent patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it helped confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would

raise these with the practice manager. The practice manager told us they would investigate these, and any learning identified would be shared with staff. There was evidence of learning taking place as staff meeting minutes showed issues had been discussed.

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

The patient survey information showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Although the practice did not ask a direct question about patient's involvement in their care, we saw from the many comments they received as part of the survey that patients felt listened to and involved in the planning of their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us they were able to access translation services for patients who did not have English as a first language.

The practice had developed care plans for older people and those identified at risk such as those with long term conditions. We were told that changes in these patients were continually reviewed and the community support teams were involved as required. The clinicians were able to discuss any concerns with other clinicians outside of the clinical meetings at the informal coffee break held each day with clinicians.

We saw that families, children and young people were treated in an age-appropriate way and recognised as individuals.

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

The survey information and the comments we received showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, the respondents to the PPG survey commented that they had received help to access support services to help them manage their treatment and care

## Are services caring?

when it had been needed. The patients we spoke with and the comment cards we received were also consistent with this information. For example, patients told us that all staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, highlighted to patients how to access a number of support groups and organisations. However we did not see any links to local

support organisations on the practice web site, we did see links to national organisations. The practice's computer system alerted GPs if a patient was a carer. Patients registering as a carer receive a pack of useful information.

The staff working in the practice knew their patients well and the staff turnover in the practice was minimal which allowed staff to build up a relationship with patients and be aware of issues that may affect them in the local community. Staff told us if families had suffered bereavement, their GP or nurse contacted them. We also saw that counselling was available in the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice engaged regularly with the NHS Area Team and CCG and other practices to discuss local needs and service improvements that needed to be prioritised. We saw the minutes from meetings where changes and developments had been discussed and actions agreed to implement service improvements and manage delivery challenges. We saw the practice had also employed more nurse practitioners to provide improved access and triage for patients.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback received from patients. We saw that they had developed an action plan for 2014/15. The practice PPG had also surveyed patients regarding access to both practice buildings. A total of 19 patients had responded in March 2015. All responses indicated they did have a problem with access. For example heavy or stiff doors. Our discussions with the PPG and the practice manager demonstrated the practice valued the responses and were trying to improve access to both buildings.

We saw a suggestion box in the reception areas where comments were reviewed by staff regularly. The PPG meetings were well promoted and encouraged new members to join.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. They recognised those with a learning disability, students, carers and the older population. The practice had access to translation services and all staff were aware of how to access this.

The practice provided equality and diversity training to staff. The staff we spoke with were very aware of the importance of equality and diversity. We saw staff had regular meetings and felt supported in their role. We saw a range of different staff meetings for individual groups.

Examples of these were administration and nurses meeting. This ensured staff had the opportunity to discuss work issues that concerned their individual role and received regular practice business updates.

The main practice building was near the centre of town in a two storey building with consulting rooms on the ground floor. We saw that the waiting areas in the main and branch surgeries were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities and breast feeding. However patients had described difficulties with the stiff doors and the lack of automatic doors at the branch surgery.

### Access to the service

The practice was open from 08:30 – 18:00 on weekdays at the main surgery. The branch surgery was open from 08.45 to 18.00 on weekdays and was closed between 12.30 and 13.30. The practice also provided extended opening hours at the branch surgery on Tuesdays and Thursdays between 18.30 and 20.30 pm. All patients registered at either practice could access these. These slots were by appointment only and the surgery was not open at this time for routine queries or the collection of prescriptions.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments via the website. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. Information on the out-of-hours service was provided to patients.

The practice decided with the PPG as part of the patient questionnaire to ask questions specifically relating to access and the use of Doctor First which the practice had implemented. The results received reflected that on the whole patients were happy with the service. For example, patients were asked how they rated the times the practice is open for appointments. From the 271 patients who completed the questionnaire, 122 rated the opening times as good to excellent, 35 rated it as fair and six rated it as poor. The practice also asked patients what times they would like the practice to open. This meant the information would assist them in planning services in the future. The practice also received many comments from the patients

# Are services responsive to people's needs?

(for example, to feedback?)

they surveyed. Patients commented that they were happy with the care and support they received from staff. The majority of comments stated that they found the new system much better. Other patients were unhappy with the new system and another said it was 100% better. Some patients stated that they did not like the new system or found it inconvenient when they had caring or work responsibilities. The practice had responded by trying to have booked times for when it would be convenient for the GP to ring the patient.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system; this was in the practice leaflet, on the

website and on the practice television. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had received 16 complaints over the past year. These equated to two verbal and

14 written complaints. Two of the complaints were progressed to significant events and investigated accordingly. We found these were satisfactorily handled. They were dealt with in a timely way and there were regular meetings to discuss the complaints with staff. We found evidence that action was taken following complaints. For example, access to the diabetic nurse had been raised as an issue. In response the practice had introduced telephone slots improving access for patients to the nurses.

The practice reviewed complaints regularly and annually to detect themes or trends. We saw no reoccurring themes had been identified and lessons learned from individual complaints had been acted on.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The staff we spoke with were aware of the importance of promoting the practice values and aware of the future plans.

We spoke with twelve members of staff and they all knew and understood the purpose of the practice, and knew what their responsibilities were. Staff told us that they had regular meetings with their manager where their role in meeting these goals was discussed. The practice manager also told us they operated an open door policy where staff could speak with them at any time. The staff we spoke with confirmed this and told us they were supported and able to discuss concerns and ideas with all members of the management team. Staff were aware of the practice vision and values which included improving the patient experience of the service. The practice had detailed plans for future developments and staff were aware of this. For example, providing training in all aspects of the management of LTC which would help to ensure patients would not need to see different nurses if they suffered more than one LTC.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff in a variety of formats. We looked at these policies and procedures and saw that processes were in place to ensure staff had read the policy. All of the policies and procedures we looked at had been reviewed and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead for infection control, and safeguarding. All staff were clear about their own roles and responsibilities. They all told us they knew who to go to in the practice with any concerns.

The practice used the QOF to measure its performance. The QOF data for this practice showed it was performing well and in line with national standards. We saw that QOF data was regularly discussed at team meetings and plans were produced to maintain the high standard they were

achieving. We also saw the practice regularly reviewed their performance. Examples of these included reviewing all appointment and prescribing data to understand if they met the needs of the patients.

The practice had an ongoing programme of clinical audits which it used to monitor quality, and systems to identify where action should be taken. For example, we looked at two audits in detail and saw that repeat audit cycles had been completed and actions identified. An example was an audit of antibiotic prescribing. We saw that following the audit, actions were developed which resulted in adherence to the Regional Community Infection Guidance and an improvement in prescribing. We saw that the risks identified were discussed at the appropriate team meetings and updated in a timely way.

The practice held regular practice meetings and department meetings. We looked at the minutes from the meetings over the last year and found that performance, quality and risks had been discussed.

### Leadership, openness and transparency

We saw from the minutes of practice meetings that team meetings were held regularly and there were also departmental meetings. Examples of these were GPs, nurses and practice team meetings. The practice also held a Fit For Purpose meeting every three months to look at ways of taking the practice forward and improving performance. This showed the practice continually reviewed their performance and ways of improving efficiency. The staff had access to the minutes of the meetings and in-between these times received email notifications of important information. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager/ business manager and the finance and compliance manager were both responsible for human resource policies and procedures. We reviewed a number of policies. For example recruitment procedures, induction policy, and the staff handbook. Staff we spoke with knew where to find these policies if required.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, PPG surveys, completed suggestion forms

# Are services well-led?

Good 

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

and complaints received. We saw evidence the practice acted on feedback and put action plans in place to address issues raised. For example the practice produced an action plan to improve awareness of Doctor First and services provided at the practice following feedback in February 2015

The PPG were active in the practice and included representatives from various population groups; including older people and those with long term conditions. The practice met with the PPG to review patient feedback, action plans, practice performance and developments.

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

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

## Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical and professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place. Staff told us the practice was supportive of training and we saw evidence to confirm this.

The practice was a training practice and two GP partners had completed training to become a GP trainer and to support GP registrars. There were currently no GP registrars working at the practice.

The practice had completed reviews of significant events. We saw evidence that these were discussed at significant event meetings to ensure the practice learned from and improved outcomes for patients. An example of this is was to encourage GPs to use opticians for eye checks for patients with persistent headaches and shorten the review period for patients presenting with headaches.