Wynyard Medical Centre

Quality Report

Wynyard Road
Hartlepool
TS25 3DQ
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. This is the first inspection of this practice since being registered as a location of McKenzie Group Practice.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Wynyard Medical Centre on 6 February 2018. The reason for the inspection was as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice was open and transparent, and had systems in place to adhere to the Duty of Candour.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Quality improvement was embedded into the organisation.
- The practice displayed a strong commitment to multidisciplinary working and could evidence how this positively impacted on individual patient care.
- Discussion with staff and feedback from patients showed that staff were highly motivated to deliver care that was respectful, kind and caring.

Summary of findings

- The practice organised and delivered their services to meet the needs of their patient population. They were proactive in understanding the needs of the different patient groups.
- The practice demonstrated a clear commitment to developing increased skill mix within all staff teams and there was clear evidence of the up-skilling of staff.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The practice demonstrated a strong commitment to ongoing development and innovative practice for the benefits of their practice population.
- The leadership in the practice drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.
- The practice had developed effective multi-disciplinary working arrangements for identifying and supporting more complex patients. We saw evidence from minutes of meetings involving among others; Social Services, Cleveland Constabulary, Hartlepool and North Tees NHS Trust. We saw agreed plans were in place for the management of a number of patients with complex needs, which set out agreed parameters and ensured consistency in approach.

The areas where the provider **should** make improvements are:

- That all nursing staff who administer immunisations and vaccines remain up to date with the required training.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- That all nursing staff who administer immunisations and vaccines remain up to date with the required training.

Outstanding practice

- The practice demonstrated a strong commitment to on-going development and innovative practice for the benefits of their practice population.
- The leadership in the practice drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.
- The practice had developed effective multi-disciplinary working arrangements for identifying and supporting more complex patients. We saw evidence from minutes of meetings involving among others; Social Services, Cleveland Constabulary, Hartlepool and North Tees NHS Trust. We saw agreed plans were in place for the management of a number of patients with complex needs, which set out agreed parameters and ensured consistency in approach.

Wynyard 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 adviser and a second CQC Inspector.

Background to Wynyard Medical Centre

Wynyard Medical Centre is owned and operated by McKenzie Group Practice. It is located on Wynyard Road, Hartlepool, TS25 3DQ. www.mckenziegroupppractice.co.uk. Wynyard Medical Centre provides a full range of primary medical services. They also operate one branch site, Hartfield Medical Centre, Hartfield Extra Care Village, Hartlepool, TS26 0US, which we also visited as part of our inspection. Both Wynyard and Hartfield Medical Centres were taken over by McKenzie Group Practice in July 2017, when they registered one location and a branch with the Care Quality Commission (CQC).

McKenzie Group Practice has a further location within Hartlepool. McKenzie House Practice, with two branch sites of Victoria Medical Centre and Throsten Medical Centre.

Wynyard Medical Centre and Hartfield Medical Centre have a combined patient list of 6,450 patients. There are very different demographics for both of these practices with Wynyard Medical Centre having a younger population group and Hartfield Medical Centre having an older patient group.

The practices have a contract to provide Alternative Primary Medical Services (APMS) with Hartlepool and Stockton CCG.

Information published by Public Health England showed the practice scored three on the deprivation measurement score; the score goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater needs for health services. The practice has a predominately British White population, with a younger patient group. Male and female life expectancy is below the national average.

The GP's, registered nurses, health care assistants and some of the administration staff work across several of the sites. There are eight GPs, seven partners and one salaried GP. Six of which are male and two of which are female. There is also a female GP registrar. There are seven nurse practitioners, eight practice nurses and four health care assistants. In addition, there is a pharmacist employed by the practice for four days per week and a respiratory nurse. The practice is supported by a business manager, operations manager, two compliance officers, one IT officer and range of administration/reception staff.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information from the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Due to some of the complex needs of patients at Wynyard Medical Practice, prior to taking over the service a number of staff attended an external conflict resolution course.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person had 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Where the maintenance of the properties was the responsibility of McKenzie Group Practice appropriate arrangements were in place for the on-going maintenance and servicing of equipment. However, where the properties were leased, for example from NHS Properties Services, there was the need for the practice to have assurances that the appropriate checks and servicing had taken place. The compliance officers employed by McKenzie Group Practice had commenced the development of maintenance and servicing matrix to detail this and had also contacted the landlords to obtain up to date certificates. Copies of outstanding certification were forwarded to the Care Quality Commission (CQC) following the inspection.
- Where the properties were shared properties with other services, such as Wynyard Health Centre, there was the need to determine roles and responsibilities. This was in relation to matters such as the fire alarm being activated. Clear procedures were in place for the individual sites visited; however there was the need to review the frequency of fire drills, which were going to be incorporated into the matrix.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. This was continually under review and there was much evidence of the development and up-skilling of the staff team.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example sepsis. In the two sites visited as part of this inspection we saw there was information available within the waiting rooms informing patients of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Good

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice had a dedicated medicines team who were overseen by the practice pharmacist. They are responsible for all aspects of medication and prescription requests.
- Regular prescribing audits were carried out, with findings discussed at clinical meetings, where individual clinicians prescribing patterns were discussed.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There had been a limited number of significant events since the change of registration. There was however a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. There were clear systems in place for the dissemination of information. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Antibiotic audits had been completed and changes made to antibiotics prescribed. The practice had developed a more targeted and appropriate use of antibiotic prescribing. The benefits of this were increased efficiency and a sustained programme forward ensuring the use of the right antibiotic at the right time.
- McKenzie Group Practice had identified high prescribing for certain groups of medication, such as medication for pain or to help with sleeping. Significant work had taken place to review patients who took these types of medication and to support them with any of the changes needed. We were provided with graphical information to show good progress being made in reducing the prescribing for these types of medications.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Whilst no specific audits had been completed since the change in registration there was some early planning with areas of interest. These included an audit of cholesterol medication.
- During the inspection it was identified that on occasion blood results had been allocated to staff who had not been trained in the interpretation of blood results. This was discussed during feedback and it was confirmed that in these instances results should have been reassigned. Following the inspection we were provided with information with actions taken. This included attendance at a blood interpretation masterclass for diabetic nurses not already trained.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication by the pharmacist, thus freeing up GP time.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice used the frailty assessment tool and where increased risk to the patient was identified they were able to work with the local authority to fast-track patients for assessment or intermediate care.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice employed a pharmacist four days per week. They saw patients and carried out prescribing reviews for patients with long-term conditions, as well as overseeing the medicines team.
- The practice also employed a dedicated respiratory nurse specialist who had daily surgeries where they actively managed and reviewed patients with acute respiratory problems. They also monitored the use of steroid prescribing.They also had close links with other health care professionals for example, respiratory consultants and the hospital at home team.
- There were effective processes for recalling patients for their annual reviews. The practice used the patient birthday month for recall.

Good

Are services effective?

(for example, treatment is effective)

- Patients who lived with Chronic Obstructive Pulmonary Disease were reviewed before the winter season.
- In the last six months the practice had diagnosed an additional 30 patients with type 2 diabetes. They had also identified a further 94 patients with impaired fasting glucose.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. This was with the exception of five years and older which was 84%.
- During the inspection it was identified that not all nurses were up to date with their immunisation and vaccine training. Following the inspection we received an immunisation training plan. This detailed that three nurses had places booked for updated training for March 2018. In the interim, the staff requiring training have stopped carrying out these procedures until they have updated their training.It was also detailed that this information would be added to the training matrix to ensure no future lapses. In the interim, the staff who required training have stopped carrying out these procedures until they have updated.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Significant work had been undertaken in respect of patients with a learning disability.The practice had arranged for the NHS Trust's learning disability lead nurse to visit the McKenzie Group Practice to meet with the nursing team. This was with a view to increasing the nurse practitioners knowledge and skill in completing learning disability reviews. As a result parameters were set, training took place and a designated member of the administration team was allocated who would contact the patient either by letter or phone.20 minute appointments with a nurse practitioner or GP were allocated, which were evidenced during the day of inspection. During these appointments individual plans had been implemented.6 monthly follow up was also put into place.

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

- 74%of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 60%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example regular meetings to review effectiveness. Where appropriate, clinicians took part in local and national improvement initiatives.

At the time of the inspection there was no up to date data in respect of Quality Outcome Framework (QOF) results. This was as a result of the practice only being registered with the current providers since July 2017. The practice was

Good

Are services effective?

(for example, treatment is effective)

however monitoring itself with data that was available. They provided CQC with a QOF summary 'How am I driving', which gave the practice a range of data in respect of their results to date.

- The practice used information about care and treatment to make improvements. They carried out two weekly QOF meetings in the final quarter of each year and monthly for the other quarters.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example the change in antibiotics for urinary tract infections.

The practice had identified issues in relation to preventative screening, this included bowel screening, which they were addressing with patients.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice was a training practice for GP registrars. They had also been involved in pharmacy training and the training of first and third year student nurses along with nurse prescribing students.
- McKenzie Group Practice had made a number of changes to the nursing team, bringing a greater level of skill mix and competencies. Five nurse practitioners had been recruited; two were nurse prescribers, along with two practice nurses and an in-house healthcare assistant job share. Weekly nurse meetings had been established which allowed for supervision and critical case analysis. The vision within the nursing team was to establish their skills to enable them to provided care and treatment from cradle to grave.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice worked closely with other agencies and held regular multi-disciplinary meetings. Additional meetings had also taken place to discuss and put management plans into place for more complex patients. These meetings included the involvement of among others the local authority, Cleveland Constabulary and the local NHS Trusts.
- GP practices in Hartlepool are aligned with care/nursing homes. The named clinician dealt with all acute issues for patients and shared information with the patients' GP who would deal with chronic problems.

Much work had been completed across the organisation to reduce the number of patients who used medication such as medication for sleeping or pain. Regular feedback meetings had taken place and there were close relationships with the addiction service to plan any reduction programme for individual patients.

Good

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the eight patient Care Quality Commission comment cards and nine patient questionnaires we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

As the practice had only been registered with McKenzie Group Practice since July 2017 there was no annual national GP survey information available. We did however receive eight comment cards and nine patient questionnaires (these had been completed on the day of the inspection). Comments included that staff were very caring, that they listened well and that they had trust in the nurses.

Responses from the completed questionnaires were as follows:

- Seven of the nine patients said they were given enough time during their consultation.
- All nine patients said they were treated with dignity and respect.
- Eight of the nine patients felt involved in their care and treatment.The ninth patient indicated that this was being resolved.
- All nine patients said they were listened to.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers could access and understand the information they were given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 264 patients as carers (4% of the practice list).

- A range of carer support information was available within the practice, for example Hartlepool Carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.The practice operated an on-call rota for palliative/end of life care whereby they ensured patients and their families were provided with effective care and support in their own homes.
- One of the advanced nurse practitioners had a diploma in palliative care.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided care and treatment for 70 Syrian refugees.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The organisation was in the process of becoming dementia friendly.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

As the practice had only been registered with McKenzie Group Practice since July 2017 there was no annual national GP survey information available.

Comments received from the completed comment cards and patient questionnaires were in the main positive; however there were a few comments about the lack of availability of appointments. The practice was aware there were concerns about access for appointments. Availability of appointments and staffing numbers remained under review. A further advanced nurse practitioner had been appointed and would be commencing in the near future. We were told that further educational work would also be implemented to raise patient's awareness of the different clinical roles and responsibilities within the organisation.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed complaints information and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The partners at the practice demonstrated a commitment to driving improvement in the quality of patient care.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example working across the five sites and managing patient expectation.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.There was a flat management structure in place (no levels between the different staff groups).This allowed for timely decision making.
- There was an open and inclusive culture within the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. An example of their strategic aims included the provision of high quality evidenced-based appropriate care that was responsive to their patient's requirements by trained, receptive staff in a suitable environment.
- The practice developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region.The practice planned its services to meet the needs of the practice population.
- The practice closely monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Comments received from staff talked about the strength of the practice as being the teamwork, openness and support.
- The practice focused on the needs of patients. This was done from a holistic (whole person) perspective.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The practice demonstrated a strong commitment to ongoing development and upskilling of their staff team.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

Good

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were extremely positive relationships between all staff and management.
- All staff had been given an additional day's holiday as an appreciation for the impact of the changes to the organisation.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice had appointed two members of staff as compliance officers.
- The practice held governance meetings where they discussed matters such as performance, quality and risk.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of The Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. These had been implemented last year when there was a problem with the phone system at one of the branch sites.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- McKenzie Group Practice had identified risks in relation to clinical staffing and potential GP shortages.It took proactive steps to look at the skills needed to meet the practice's demographics. They had put a strategy in place for extending the skill mix of clinicians within the practice. A nurse manager had been appointed; as a result, a number of changes had been made to the nursing team, bringing a greater level of skill mix and competencies. Five nurse practitioners had been recruited; two were nurse prescribers, along with two practice nurses and an in-house healthcare assistant job share. Weekly nurse meetings which included all of the nursing team had been established which allowed for supervision and critical case analysis. The vision within the nursing team was to establish their skills to enable them to provided care and treatment from cradle to grave.
- A practice pharmacist had been recruited for four days per week where they carried out medicine reviews and oversaw prescribing behaviours and carried out audits. They also oversaw a dedicated medicines team within the organisation. This again freed up time for GP and nurses to see more patients.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

Good

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

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had developed effective multi-disciplinary working arrangements for identifying and supporting more complex patients.We saw evidence from minutes of meeting involving among others Social Service, Cleveland Constabulary, Hartlepool and North Tees NHS Trust.We saw agreed plans were in place for the management of a number of patients with complex needs, which set out agreed parameters and ensured consistency in approach.
- The practice had also developed some protocols for issues relating to complex patients. For example patients who frequently called 999 or going to other practices or local hospitals to obtain certain medication.These had been shared with the local NHS Trusts.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The past year had clearly been a challenging time for McKenzie Group Practice, which had developed from one practice with one branch site to two practices with three branch sites. We saw a commitment and drive to make the improvements needed for the benefit of their practice wider population. We were informed that a period of consolidation was needed to enable further bedding in of policies, procedures, practices and ways of working.

- There was a strong focus on continuous learning and improvement at all levels within the practice.There was a strong commitment to supporting staff of all grades to develop and undertake training to support enhanced roles within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- McKenzie Group Practice had other plans in development; these included planned work with a diabetic consultant to work for McKenzie Group Practice for four hours per week.This was to support their work with patients with diabetes, case reviews and training.
- There were also plans for the implementation of a specialist travel clinic, including yellow fever. Two nurses had been upskilled in travel health.