

McKenzie House

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 13 May 2015 – Good)

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 McKenzie House Practice on 24 January 2018. The

reason for the inspection was as part of our inspection programme. We also visited the two branch sites on 25 January 2018. Additional supporting information was received following the inspection.

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 practice. There was a comprehensive programme of clinical audit which was used to measure improvements to patient care.
- 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 upskilling 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 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 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.

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

Summary of findings

Outstanding practice

- 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 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.

McKenzie House

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 McKenzie House

McKenzie House Practice is owned and operated by McKenzie Group Practice. www.mckenziegrouppractice.co.uk. It is located at 17 Kendal Road, Hartlepool, TS25 1QU, which is also the address for the provider. McKenzie House provides a full range of primary medical services. They also operate two branch sites, one located within Victoria, Medical Practice, 25 Victoria Road, Hartlepool, TS26 8DB. The other is located at Throsten Medical Centre, 82 Wiltshire Way, Hartlepool TS26 0XT. We also visited both of the branch sites.

McKenzie Group Practice have a further two locations within Hartlepool. Wynyard Medical Practice, Wynyard Rd, Hartlepool TS25 3DQ and Hartfield Medical Practice, Hartfield Extra Care Village, Hartlepool TS26 0US. These services were registered with the McKenzie Group Practice in July 2017 and will be inspected separately.

The McKenzie House Practice has a population list of 19,500 patients. They have a contract to provide a range of primary medical services through a General Medical Services (GMS) contract with Hartlepool and Stockton Clinical Commissioning Group (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 GP's, 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.

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 for 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.
- 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 has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 at McKenzie House Practice and Victoria Medical Centre.
- The practice ensured that equipment was safe and 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 ongoing

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 a maintenance and servicing matrix to detail this and had also contacted the landlords to obtain up to date certificates.

- Where the properties were shared properties with other services, such as Victoria Health Centre, there was the need to determine roles and responsibilities. This was in relation to matters such as the fire alarm being activated. Immediate action was taken to contact the landlords who planned to arrange a meeting to discuss this and put appropriate measures in place. 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 all three 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.

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, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- During the inspection we found gaps in the recording of the vaccine fridge temperatures at both Victoria Medical Centre and Throsten Medical Centre. These gaps occurred on specific days when there were no nursing staff on-site. Data loggers were available but had not been installed at Throsten Medical Centre. Following the inspection we were informed of a number of actions taking place. Actions included logging the issues as a significant event and discussion of the issues at a nurses meeting. Other actions included, implementing a fridge monitoring standard operating procedure which included daily recording of fridge temperature, the weekly downloading of data from the data loggers and key named individuals to action should there be a need. There were no concerns that the fridge temperature had gone out of range at any stage.
- 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 are overseen by the practice pharmacist. They were 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. For each of the three sites risk assessments had been completed in all areas within the services.
- 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 was 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. The practice learned from external safety events as well as patient and medicine safety alerts. We saw that information was disseminated to key staff and actions taken where required.

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.
- Data looked at in relation to hypnotic medication prescribed showed the practice was performing better than the CCG and national averages.
- Data looked at in respect of the number of antibacterial prescription items prescribed was comparable to the CCG and national averages.
- Information looked at during the inspection showed the practice had achieved the required targets for prescribing antibiotics. There had been a marked decrease in antibiotic prescribing and reductions in cost as a consequence.
- Data looked at in relation antibiotic items prescribed that were Cephalosporin's or Quinolones showed the practice was comparable to the CCG and national averages.
- 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.
- 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.

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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- 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.
- There were effective processes for recalling patients for their annual reviews. The practice used the patient birthday month for recall.
- Patients who lived with Chronic Obstructive Pulmonary Disease were reviewed before the winter season. This was done by the respiratory nurse specifically employed due to the need of the practices specific population
- An advisor from the patient advisory service visited the practice to provide support to patients to return to work. Since 2009 62 patients had returned to paid work, 103 had started voluntary work and 60 patients had engaged in training courses.

Are services effective?

(for example, treatment is effective)

- 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, hospital at home team.

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.
- 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 83%, 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 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. As a result of the changes made attendance for review had improved. At the time of the inspection there were 137 patients on the learning disability register, 72 of who had been reviewed.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- 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 (practice 92%; CCG 93%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was (practice 97%; CCG 96%; national 95%).

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. The practice had conducted a range of clinical audits and an audit programme was in place.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The

Are services effective?

(for example, treatment is effective)

overall exception reporting rate was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- 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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and 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.

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 certain medications for pain management and sleeping. Regular feedback meetings had taken place and there were close relationships with the addiction service to plan any reduction programme for individual patients.

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.

Are services effective?

(for example, treatment is effective)

- 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, for example, stop smoking campaigns, tackling obesity.
- 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.
- Two of the GP's was Section 12 approved (Mental Health Act). One also had accreditation by North of England Approval Panel for the deprivation of liberties.

Consent to care and treatment

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

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.
- The six patient Care Quality Commission comment cards and 11 completed 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. Patient's comments included that the GP's, nurses and reception staff were reassuring and helpful; that the service they received was good and delivered with dignity and respect.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. This was supported by observations on the day of inspection and completed comment cards. 267 surveys were sent out and 114 were returned. This represented about 6% of the practice population. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average – 96%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 86%; national average - 86%.

- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

The practice had a 'shout out' board in place. This contained positive examples to demonstrate how patients' lives had been enhanced through the caring and supportive actions of the staff.

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. Patients were also told about multi-lingual staff who might be able to support them. Diabetic information books were also available in Urdu and Arabic.
- Staff communicated with patients in a way that they could understand, for example, communication aids.
- 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.
- A range of health promotion and support information leaflets were available within the waiting areas.

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 patients as carers (1.4% 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

Are services caring?

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.

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

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.

- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

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.

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 at McKenzie House practice were appropriate for the services delivered. The premises and environment at Victoria Medical Centre had recently been fully renovated and refurbished and was opened for use in November 2017. It was bright, and spacious. Throsten Medical Centre was a little dated and did not meet all of the disabilities standards, for example physical access to the building. Measures had however been put into place to support less mobile patients into and around the practice.
- 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's and nurses 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.
- There was a register of young carers.
- 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 on a Tuesday and Thursday at Throsten Medical Centre.
- 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.

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 practice was in the process of becoming a dementia friendly practice.

Timely access to the service

Are services responsive to people's needs?

(for example, to feedback?)

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower compared to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 267 surveys were sent out and 114 were returned. This represented about 6% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 43% of patients who responded said they could get through easily to the practice by phone; CCG – 67%; national average – 71%.
- 68% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 76%; national average - 76%.

- 54% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.

The practice were aware there were concerns about access for appointments and getting through to the practice via the phone. We were informed that the amendments had been made to the telephone system which should improve the situation. 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 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 patients, 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 on-going development and up-skilling 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.
- The 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, in the past year 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 provide care and treatment from cradle to grave.
- A practice pharmacist had been recruited for four days per week where they carried out medicine review and oversaw prescribing behaviours and carried out audits. They also oversaw a dedicated medicines team within the organisation. This again reduced GP and nurses time.

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 has 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.
- The practice had also been involved in a six month pilot project looking at community integrated services. The pilot was to explore the mechanism through which Primary Health Care, Adult Social Care, North Tees and Hartlepool NHS Trust and Out of Hospital Care Services could work together. This was with the aim to collaboratively review the health and social care needs of individuals and agree how best to meet their needs. The aims were to reduce avoidable hospital admissions, reduce average length of stay in hospital, reduce admissions into residential/nursing homes, to support people in their own homes so they felt safe, improve quality of life with care being more person centred and to support carer to continue in their caring roles.
- 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 to support their work with patients with diabetes, case reviews and training

Are services well-led?

Good 

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- There were also plans for the implementation of a specialist travel clinic, including yellow fever. Two nurses had been up-skilled in travel health.