

# Leicester Terrace Health Care Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Outstanding practice	13

### Detailed findings from this inspection

Our inspection team	15
Background to Leicester Terrace Health Care Centre	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leicester Terrace Health Centre on 12 January 2016.

Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Risks to patients were assessed and well managed. Staff understood and fulfilled their responsibilities to raise concerns and report incidents or near misses. The practice logged all incidents and learning opportunities were maximised, with clear discussions and follow up action well documented.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of learning from complaints and concerns.
- Feedback from patients was consistently positive. Patients said they felt valued and were always treated with respect and dignity. Appointments with a named GP were readily available and there was continuity of care. On occasion patients noted a waiting time of longer than 15 minutes; however, the practice was aware of this feedback with regular surveys and monitoring of performance undertaken. The practice was seeking to address the situation with time management and appointment booking reviews. Urgent appointments and appointments for children were always available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice demonstrated a thorough awareness of the needs of its patient population and had implemented measures to improve outcomes for those most at risk.

# Summary of findings

- The practice delivered services to a higher than average proportion of younger patients and had forged good working relationships with a local county wide agency supporting parents with young children.
- Twice weekly visits to patients living in care homes served by the practice had reduced unplanned hospital admission and Accident and Emergency activity.
- The practice partners had created a flat and clear leadership structure. Staff felt supported by management. The practice proactively sought feedback from staff, external agencies and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was forward looking and welcomed innovation. It supported staff in research projects and participated in local service development pilots, which had made demonstrable improvements to patients' health and well-being.
- The practice had sustained measurable improvement in recognising and understanding the needs of carers. The number of patients recorded as carers had increased and services provided to carers had been improved. The practice had received external accreditation of their work.
- The practice demonstrated clear, strong and effective management. The partners had a vision for the practice, which had delivery of safe and high quality services to patients at its heart. The vision drove the ethos of the practice and formed a key plank of staff engagement and motivation.
- The vision was supported by a clear strategic plan, which was implemented using a regularly reviewed, costed and updated business plan. Partners held individual responsibility for service delivery areas and reported on progress of projects or developmental areas and future opportunities.

We saw a number of areas of outstanding practice:

- The practice had built positive relationships with local organisations that were able to provide life skills, emotional support and advice for patients. For example, a link with a community law service had been accessed by patients seeking help with debt management and advice regarding applications for eligibility for government benefits. Additionally, links with the local branch of the Samaritans charity offered immediate support to patients whilst waiting for contact by the Improved Access to Psychological Therapies service (IAPT).

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Lessons were shared effectively to make sure action was taken to improve safety in the practice. These changes were then reviewed and revisited to ensure they had been successful in militating against a repeat of the event.
- When there were unintended or unexpected safety incidents, patients received support, information, a verbal and written apology as appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice routinely reviewed incidents any themes were highlighted and trends monitored. This allowed the practice to be more proactive at predicting risks to patients. Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The member of staff identified as infection prevention and control lead had completed appropriate training to support them in this role. The premises appeared clean and tidy and cleaning was monitored appropriately. Annual infection prevention and control audits were carried out.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was generally performing above average when compared to practices nationally and within the local Clinical Commissioning Group.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- The practice was engaged in a comprehensive programme of audit activity to monitor performance and ensure improvements to patient outcomes. For example, the practice

# Summary of findings

could demonstrate they had undertaken repeated audits for Atrial Fibrillation and Anticoagulation monitoring. The audit identified an increase of 14% in the number of patients having their condition appropriately managed by anticoagulants; an additional 28 patients identified.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was clear evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive. 96% of patients said they were able to get an appointment to see or speak to someone the last time they tried.
- We observed a clear and strongly focussed patient-centred culture and patients told us they felt treated as individuals and made to feel that they were a priority.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. 93% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care.
- Information for patients about the services available was easy to understand and readily accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The partners and staff at the practice worked collectively to provide high quality person-centred care.
- Positive and sustainable links with locally based charities allowed the practice to offer additional support for patients to meet their social and emotional needs.
- The practice visited patients who lived in care homes twice weekly. All patients had personal care plans in place, including hospital admission avoidance plans for those patients who required them.

**Outstanding**



# Summary of findings

## Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked with the CCG Prescribing Team to actively manage prescribing practice.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Links with locally based charities enable additional support to be offered for parents with new-born children, or those awaiting mental health services.
- There were innovative approaches to providing integrated person-centred care. The practice had a holistic approach to patients' health. For example, the practice made referrals to agencies that could support and advise patients regarding financial management and debt management.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, following feedback from the patient participation group (PPG) around difficulties with telephone access, the practice had updated the telephone system in the practice to improve this and minimise patient waiting times on the telephones.
- Following the identification of clinical risk, or themes in complaints or incidents, the practice was responsive to addressing them through the facilitation of staff training and changes to practice. For example, ensuring reception staff were aware that all deliveries of medication should be alerted to the nominated clinician, this would avoid delay in storage and recording of medicines.
- Patients could access appointments and services in a way and time that suited them. The practice offered a range of online services such as ordering repeat prescriptions. Telephone appointments and home visits were also available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded appropriately when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

The practice had a clear vision to provide accessible, high quality, holistic care to all its patients. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

- The partners at the practice held clear core beliefs and values which drove their work. Staff shared in the vision and were clear about their roles and responsibilities to ensure the practice achieve their objectives.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and updated when required. Plans and proposals included cost benefit analysis discussions. The quality of care delivered was regularly reviewed with changes to practice implemented and monitored with measurable results to demonstrate improvement.
- Clinical risks were assigned to individual GPs to manage, and regular audits were undertaken to monitor developments and improvements were made and acknowledged.
- There was a high level of constructive engagement with staff and a demonstrable high level of staff satisfaction. Staff achievements were recognised and appropriately celebrated.
- The practice actively gathered feedback from patients using surveys and it benefited from a supportive and appropriately challenging patient participation group which influenced practice development. We saw that the practice learnt from and positively acted on patient feedback.
- There was a strong focus on continuous learning and improvement at all levels. The partners had worked hard to instil confidence across the staff team and a 'no-blame' culture was evident in learning discussions. All Significant Events were regularly reviewed and audited with outcomes shared across the practice and externally as appropriate.

Outstanding



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

Good



- The practice is rated as good for the care of older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Home visits by GPs are allocated by post-code area to ensure continuity of care for patients.
- The practice initiated and continued to provide twice weekly visits to the care homes to which it provided services. All residents had care plans in place. Practice involvement had resulted in reductions in non-elective admissions and visits to Accident and Emergency.
- A ground floor 'accessible' consulting room was created for patients who prefer to maintain their independence and not to use stair lifts and passenger lifts.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. Monthly meeting with allocated Palliative Care Specialist Nurse attending Primary Health Care Team meetings and proactive working with the Collaborative Care Team.

### People with long term conditions

Good



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

- Nursing staff had roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Multidisciplinary meetings were held on a weekly basis as required.



# Summary of findings

- The practice provided a foot examination to 94% of patients on the diabetes register within the preceding 12 months, compared to the CCG average of 89% and national average of 88%.
- Prescribing practice was actively monitored and managed. The practice uses and promotes the use of electronic prescribing.
- The practice undertakes the annual review of patients with long-term conditions by 'birth months'.
- The practice has introduced 'named' or 'usual' GPs for all patients to maintain continuity of care wherever possible.

## Families, children and young people

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

- The practice held monthly safeguarding meetings with health visitor and midwife to identify children who may be at risk or those which have emerging needs or risks.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was in line with the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Longer appointments to offer combined post-natal and 6 week checks.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice worked with a local charity, Northamptonshire Parents in Partnership (NorPIP), to provide clinics offering specialist therapeutic services to new parents and offered support with new or ongoing mental health issues.
- Sexual health and contraceptive services, available throughout the week and after school, with Chlamydia screening available to all patients under 25 years of age.
- Meningitis vaccination was offered to 6th Form and University students.
- The practice had produced a minor illness booklet aimed at the 'young child' cohort, which was also available on the practice website.

Good



# Summary of findings

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

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open from 08.00 – 18.30 every day and on 08.00 – 10.00 on Saturday mornings. Extended opening hours were available on Monday until 19.30 and early opening at 07.00 on Tuesday morning.
- Blood tests were available from 08.00 every day and throughout lunchtimes.
- GP and nurse routine appointments available for booking four weeks ahead. Telephone follow-up appointments offered to avoid patient visiting the surgery.
- The practice had positive links with local community organisations which provided specialist support to patients with financial and housing advice consultations in the surgery. The practice also worked in partnership with the Department of Work and Pensions in supporting people back to work.
- NHS Health checks for eligible patients.

## People whose circumstances may make them vulnerable

Outstanding



The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. The practice regularly validated its register with the local authority social services to ensure it was accurate and up-to-date. The patient register was reviewed at weekly multidisciplinary meetings to determine appropriate support was being provided.
- The practice offered longer appointments for patients with a learning disability and home visits are available if the patient is unable to travel to the surgery.

# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Advice for smoking cessation, sexual health and healthy lifestyle choices was available and routinely offered.
- The practice participated in an eight week programme to pilot an Acceptance and Commitment Therapy group, aimed at supporting patients with enduring weight gain problems. Ten patients from the practice took part, with results demonstrating all participants experienced a decrease in waist circumference and improvements in their general health.
- Although numbers of homeless or traveller patients was low, the practice held information to signpost patients to local support groups and voluntary organisations. The practice worked in cooperation with other town centre GP practices to support this group of patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Robust reporting and monitoring systems were in place to manage concerns identified.
- Patient information leaflets and 'checking-in' screen provided in different languages. Liaison with alcohol and diabetes groups had facilitated translation of leaflets and information has been tailored to meet patients' needs.

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

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- 95% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than both the CCG average 85% and the national average 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice invited learning disabled patients for annual health checks with a practice nurse. Accessible correspondence material was used to communicate with patients. Home visits

Outstanding



# Summary of findings

are available for these reviews if patients are unable to attend the practice. Special attention is given to those patients who do not respond and appropriate intervention and checks will be made to ensure patients wellbeing.

- The practice carried out advance care planning for patients with dementia. Close links with patients who lived in care homes facilitated a systematic review of all patients who were residents. An early diagnosis of dementia ensured additional and correct support was provided.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice had a proactive referral system with a local mental health charity to provide immediate support to patients while waiting for referral to IAPT services.
- The practice facilitated the provision of clinics at the surgery for parents of new born or young children by a local charity offering specialist therapeutic services to promote secure attachment between parent and baby and to alleviate ongoing mental health issues.
- The practice had supported research by its staff to facilitate early recognition and treatment of depression in carers and patients over the age of 65 years of age.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Clinicians had received Mental Capacity Act training.
- The practice provided longer appointment provided for patients with mental health problems and patients in crisis.
- The practice had created and maintained excellent, positive partnerships with the Mental Health team, with practice based clinics and specialist nurses offering dedicated support.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages.

278 survey forms were distributed and 103 were returned, a 37% completion rate and this represented less than 1% of the practice's patient list. Outcomes were generally higher than local and national averages.

- 82% of patients found it easy to get through to this practice by phone compared to the local CCG average of 70% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG and national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the local CCG average of 84% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 76% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 35 comment cards, all of which contained consistently positive comments about the services provided by the practice and its staff. One card did, however, also include observations that the availability of appointments was sometimes difficult. We received comments from patients who had been with the practice for many years, as well as those who had recently joined. Patients told us they were treated with respect and dignity at all times. Some cards identified named members of staff who had provided outstanding service.

We spoke with seven patients and members of the PPG during the inspection. All the patients we spoke with said they were happy and satisfied with the care they received and thought staff were approachable, committed and caring.

The NHS Family and Friends Test showed that 92% of patients recommended the practice. This was from a total of 407 responses.

The practice undertook its own annual patient survey. Results from the 2015 survey identified consistently high levels of patient satisfaction. For example, 96% of patients' said they were treated with care and concern at their last appointment.

## Outstanding practice

- The practice had built positive relationships with local organisations that were able to provide life skills, emotional support and advice for patients. For example, a link with a community law service had been accessed by patients seeking help with debt management and advice regarding applications for eligibility for government benefits. Additionally, links with the local branch of the Samaritans charity offered immediate support to patients whilst waiting for contact by the Improved Access to Psychological Therapies service (IAPT).
- The practice was forward looking and welcomed innovation. It supported staff in research projects and participated in local service development pilots, which had made demonstrable improvements to patients' health and well-being.
- The practice had sustained measurable improvement in recognising and understanding the needs of carers. The number of patients recorded as carers had increased and services provided to carers had been improved. The practice had received external accreditation of their work.
- The practice demonstrated clear, strong and effective management. The partners had a vision for the practice, which had delivery of safe and high quality services to patients at its heart. The vision drove the ethos of the practice and formed a key plank of staff engagement and motivation.
- The vision was supported by a clear strategic plan, which was implemented using a regularly reviewed,

# Summary of findings

costed and updated business plan. Partners held individual responsibility for service delivery areas and reported on progress of projects or developmental areas and future opportunities.

# Leicester Terrace Health Care Centre

## Detailed findings

### Our inspection team

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

Our inspection team consisted of a GP specialist adviser and was led by a CQC inspector.

## Background to Leicester Terrace Health Care Centre

Leicester Terrace Health Care Centre is located close to Northampton town centre. The practice has a small car park and is served by local public transport links. The practice site consists of two converted town houses. The practice holds records which show the original house was first used by a General Practitioner in 1897.

The practice is part of the NHS Nene Clinical Commissioning Group (CCG). Services are delivered under a General Medical Services (GMS) contract.

The practice staff team comprises of eight GP partners; four female and four male. As a teaching practice three GP registrars were also employed. The nursing team was made up of eight female practice nurses and three female health care assistants. Management and administration support is provided by a team of 20 staff, led by the practice manager, who is also a partner in the practice.

The practice has approximately 14,500 patients. The practice is open between the hours of 08.00 and 18.30 Monday to Friday, with appointments available during

those times. Extended hours are available with appointments offered on Mondays until 19.30 and from 07.00 on Tuesdays. The practice is also open 08.00 until 10.00 on Saturday.

When the practice is closed patients are advised to contact the out of hours service offered locally by the provider Northamptonshire Out of Hours.

The services provided by Leicester Terrace Health Care Centre are delivered from one registered location, 7-9 Leicester Terrace, Northampton, NN2 6AL.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

## Detailed findings

- Spoke with a range of staff including; GP partners, GP Registrars, Nurses, Practice Manager, administration and reception staff and seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Thirty events had been recorded and we saw that all events were discussed and analysed immediately and at the next available partner meeting. Learning was quickly identified and shared with all appropriate staff. The practice maintained a comprehensive and up-to-date log of all events. We saw that a regular review of any outstanding events was implemented to ensure that all concerns were addressed in a timely fashion.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, the practice had identified a situation where a delivery of medicines had been accepted at reception but had not been removed to refrigeration immediately. The review had recognised the need for refresher and awareness training for staff and to advise the recipient named on the delivery of its arrival.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs and nurses were trained to appropriate levels in adult and child safeguarding. The practice had undertaken a self-assessment of its practices using the CCG regulations and recommendations as a benchmark.

- Notices in the patient waiting areas and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises appeared to be clean and tidy. A named member of staff was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Clear processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best

## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were effective systems in place to monitor their use.

- The practice told us that patients receive a reminder that their chronic disease review is due. If the patient does not attend for that review, their repeat prescription is limited as appropriate.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty to meet the needs of service delivery. The practice had reviewed peak times and had made adjustments for easier access via additional telephone lines and increased surgeries where possible.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had undertaken regular reviews of 'safe haven' procedures, to establish that reporting arrangements, emergency contact details and equipment was up-to-date and secure.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, external contractors, suppliers and appropriate cascade arrangements for informing staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Newly issued guidance was promulgated as required to relevant staff and discussed as part of the weekly and routine meetings and reporting structures.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 99.9% of the total number of points available. This compared favourably to the CCG average of 96.7% and the national average of 94.8%.

The practice was in line with, or below, all QOF exception rate reporting levels except for Atrial fibrillation, where at 20% it was noticeably higher than CCG average of 10% and national average of 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We saw that the practice had noted this exception and had undertaken a review and reassessment of the decisions. We saw that they had decided to review training and awareness for clinical staff and had taken steps to provide additional awareness information to patients.

This practice was not identified as an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the CCG and national average. The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 94%, with the CCG and national average both 88%.
- Performance for mental health related indicators was consistently higher than the national average. For example in three measures that follow; the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94% compared to CCG average of 91% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 94% compared to the CCG average of 91% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 95% compared to the CCG average 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit. Clinical audits were embedded into practice processes and were used to demonstrate developments, learning and improvement.

- There had been over 20 clinical audits completed in the last two years, ten of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, following audits and reviews of Warfarin monitoring in both 2014 and 2015, with a further review planned for April 2016, the practice were able to demonstrate no untoward incidents had occurred during that period.

# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements, such as the audit and re-audit of the Urinary Tract Infection diagnosis and management had resulted in a 50% reduction of inappropriate antibiotic usage between April and December 2015.

The practice had also worked in partnership with the local care homes where they had patients as residents. For example, the number of non-elective admissions to hospital had fallen year on year from 33 in 2011/2012 to 7 admissions in 2014/2015. To effect this improvement the practice initiated twice weekly visits to the home and has offered treatment, support and advice to improve patients' outcomes over time.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a thorough system of appraisal, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning and development needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence which demonstrated multidisciplinary team meetings took place routinely, with additional scheduled meetings in place for issues such as palliative care. Weekly and monthly review meetings ensured care plans were kept up to date.

We saw specific examples of how the multidisciplinary teams worked together to support patients who required additional care, for example in times of mental health crises.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice had provided focussed awareness training for clinical staff and had created laminated information sheets to act as easily accessible reminders for staff in treatment and consultation rooms.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those experiencing poor mental health.

The practice's uptake for the cervical screening programme was 74%, which was in line with the CCG and national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of patients aged

between 50 and 70 years who had been screened for breast cancer in the last 36 months was 81%, which compared favourably with CCG average of 77% and national average 72%. The results for patients aged between 60 - 69 years screened for bowel cancer in the last 30 months was 52%, which was lower than the CCG average of 59% and national average of 58%. The practice had taken steps to address this low outcome by providing additional awareness training for staff and to place reminders on the patients' computer record as a reminder for clinical staff to discuss non-attendance at the screening with the patients.

Childhood immunisation rates for the vaccinations given were comparable to both CCG and national averages. For example, childhood immunisation rates for the vaccinations given to children under two years was 98% and for five year olds ranged from 95% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 - 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.





# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were able to demonstrate their awareness of the need to respect and protect patient confidentiality. The practice had a separate, private space available for use when patients wanted to discuss sensitive issues or appeared distressed.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One comment card did also identify that sometimes it was difficult to make an appointment.

We spoke with seven members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey issued in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice achieved outcomes which were consistently higher than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The Family and Friends test results indicated that 92% of the 407 patients who responded would be likely or extremely likely to recommend the practice to their friends and family members.

Results from the patient survey undertaken by the practice in 2015 had shown consistently high satisfaction levels. For example, of 359 survey responses, 92% said it was good or excellent, when asked how easy was it to speak to a doctor or nurse on the telephone.

This result supported findings from the GP Patient Survey, where 82% of patients said it was easy to get through to the practice by telephone. These results compared well against the local CCG average of 70% and the national average of 73%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also consistently positive and aligned strongly with these views. We also saw that care plans were personalised.

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 consistently higher than local and national averages. For example:



## Are services caring?

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages, both 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Leaflets were available in a number of different languages and easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 400 patients as carers (2.7% of the practice list). This was an increase of 65 from the previously recorded figure. Carers were registered in order that the practice could offer additional help, support and advice. This enabled the practice to better understand the condition of the person being cared for and protect them if the patient carer became unwell.

The practice had conducted regular audits of the number of carers on its register in 2013 and 2015 with a further planned for 2016. The practice had recorded an increase in the number of carers year-on-year. The practice had incorporated these audits into its broader work with improving services available to carers. The practice had systematically reviewed what support had been offered and if referral to local support groups had been initiated. In recognition of the work undertaken and the services provided the practice had been awarded the Northamptonshire Carers Bronze Award in 2014, with the Silver Award achieved in 2015.

The practice had strong, positive links with a local charity which offer advice, support and free services such as, gym sessions, carers sitting service, telephone support or one-to-one peer support and a dementia care advice service.

The practice offered flexible appointments to accommodate caring duties and provided the option of 'joint appointments' for the patient and the person they looked after, where appropriate. The practice offered carers an annual flu vaccination.

The practice had a dedicated services area for carers, with information notice boards in patient waiting areas which displayed posters and leaflets about support services available.

Staff told us that if families had suffered bereavement, their usual GP contacted them and was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended availability of appointment until 19.30 on Monday evening and early appointments from 07.00 on Tuesday mornings.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Recognising the possible restriction posed by the age of the premises, the practice had converted a ground floor room to facilitate consultations for patients who may not be comfortable using stairs.
- The practice had identified the benefits from offering a holistic care approach and had supported nursing staff in development and specialist training. The practice was able to integrate psychological screening into review of patients with COPD. This supported the early recognition and treatment of depression in carers and elderly patients.
- The practice had built positive relationships with local organisations that were able to provide life skills support and advice for patients. For example, a link with a community law service had been accessed by 97 patients seeking help with £68,843 debt management; others had received £3,748 support via emergency financial grants and advice applications for eligibility for government benefits. The practice had feedback from patients who used the service which demonstrated that the support had eased their financial concerns, reduced stress and improved their physical and mental health conditions.

### Access to the service

The practice was open between 08.00 and 18.30 Monday Friday. Extended hours appointments were offered on Tuesday morning from 07.00. Pre-bookable appointments were additionally available on Saturday from 08.00 -10.00.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were consistently higher than local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. There was recognition that if they wanted to see their usual doctor that sometimes they had to wait a little longer, but in an emergency or urgent need they could see a doctor to suit their needs.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with leaflets and advice freely available.

In response to feedback from the results of a patient survey, the practice had introduced and actively promoted the availability of on-line access for booking appointments. The availability of on-line repeat prescriptions has increased convenience for patients as they no longer have to attend the surgery to collect prescriptions, for example.

We looked at four complaints received in the last 12 months and found that a thorough investigation of any concerns was undertaken. The findings of any investigation were shared appropriately with staff and the person who submitted the concern or complaint. Records of action



# Are services responsive to people's needs?

(for example, to feedback?)

taken were kept and lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The practice had a clear vision, which had delivery of safe and high quality services to its patients at its heart. The vision was supported by a clear strategic plan, which was implemented using a regularly reviewed and updated business plan.
- We saw that Partners held lead responsibility for certain service delivery areas and reported on progress of projects or developmental areas and opportunities.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The partners had worked hard to establish and maintain a flat, non-hierarchical, management structure
- Staff were clear about the reporting structure and were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were freely available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw clear evidence that the vision and values described in the written statements were those used to drive forward the ethos of the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents.

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment;

- The practice gave affected people reasonable support, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- We saw notes from meetings to demonstrate that staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The partners had worked hard to instil confidence across the staff team to identify and report concerns and a 'no-blame' culture was evident in learning discussions.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the introduction of text messages, to remind

# Are services well-led?

Outstanding



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

patients of their appointments, had been explored with patients in a survey in 2014. The use of email to provide results from tests had similarly been questioned, to gauge patient response before implementing changes to services. 78% of patients said they would be happy to receive a text reminder and 66% would be happy to receive an email. This gave the practice more options to review and improve services, for example by possibly reducing the number of missed appointments.

For example, the introduction of on-line repeat prescriptions had been included in a patient survey, in 2015, to gather information about how well patients knew the service was available. Results from 2015 showed that on 36% of respondents were aware of the service. As a result the practice proactively advertised the service on the website. The survey, due in 2016, will help the practice identify how successful awareness raising publicity has been.

Through regular review and monitoring of performance the practice had recognised that its own trend analysis of survey outcomes and patient feedback had shown some signs of falling satisfaction rates. As part of their business planning they had reviewed possible causes and had identified the expanding patient list numbers, with growth on a steep upward trajectory as a contributory factor. The partners had identified a number of alternative solutions in the Business Plan for 2016, with options including the development of nurse and health care assistant roles, the development of telephone consultations and offering more appointments at peak hours where possible. The practice monitored feedback from patients regularly and results formed an integral part of service delivery reviews at practice and partner meetings.

- The practice had gathered feedback from staff through regular meetings, an away day and individual discussion and appraisal sessions. The practice maintained protected learning time sessions for staff, where general or targeted learning and development needs were addressed.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. A structured all-staff meeting took place in January each year, where ideas and opportunities could be shared for the year ahead. Ideas and

suggestions would be taken by the partners into business planning sessions. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved with a Clinical and service delivery audits were undertaken and reviewed in appropriate cycles. We saw that the practice had introduced a self-assessment of its child safeguarding activities in 2014, with a review undertaken in December 2015. A further assessment and review was planned for December 2016.

The practice actively sought out opportunities for involvement in research projects. In one example, relating to the impact of physical activity on mental health of patients, the practice took part in a project involving 40 patients and the impact of motivational interviewing to encourage them to become more active. Results, which showed an overall improvement in physical and mental health, were shared appropriately across the practice and with other organisations externally.

The practice actively sought feedback from a variety of sources and was keen to test different ways of working to deliver services. For example, the PPG annual report from 2014/15 identified options for the introduction of more telephone consultations for GPs. The practice responded by adding two telephone appointments to the sessions for every GP throughout the week. Following on from more recent patient feedback, the practice identified that patients welcome particularly welcomed the telephone consultations to be used for follow-up appointments. GPs can make the arrangements to offer the telephone follow-up service when seeing patients at their initial consultation.

The practice had clear training and development plans for staff. Business plans identified the likely increasing demands on the service from increased patient list, which had increased 6% in 12 months. The practice had calculated the number of additional appointments required to at least maintain levels of service and had identified options which may enable them to meet their

# Are services well-led?

Outstanding



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

targets. The practice had thoroughly reported on options available. These options included changes which could be introduced to current systems and improved structuring of appointments during the day. Other improvement options involved capital investment in equipment and buildings and improved access to better information for patients on the practice website and leaflets in the waiting areas to facilitate self-help and health awareness.

Additionally, the practice had recognised the need to maintain and deliver improvements to patient facilities. For

example, the practice is located in building which is over 150 years old. Alterations and building work have to be undertaken in the knowledge of restrictions placed upon the practice due to regulations applicable due to the age and historic nature of the structure. However, the practice had installed stair lifts, accessible doors and ramps, easy access toilet and baby changing facilities and a ground floor consultation room for patients. Additional future plans involved possible expansion using adjacent buildings, subject to affordability and planning approvals.