

Lister Medical Associates Limited

Edgbaston Private Medical Practice

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 18 March 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

Edgbaston Private Medical Practice provides a private medical service to adults and children. Services include a private general medical service, immunisations such as child immunisations and travel vaccinations, health screening and lifestyle management. The practice team consists of a single handed doctor, a practice manager and a team of five support staff with a range of lead roles including regulatory compliance, business development, secretarial and reception roles.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is part of a limited company called Listers Medical Associates Ltd and non-invasive cosmetic procedures are offered as part of the Edgbaston aesthetics service which is also part of Listers Medical Associated Ltd. The non-invasive cosmetic procedures provided to patients under arrangements made by the Edgbaston aesthetics service are exempt by

Summary of findings

law from CQC regulation. Therefore, at Edgbaston Private Medical Practice, we were only able to inspect the services which are not arranged for patients under the the Edgbaston aesthetics service.

The single handed doctor is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The practice is open for appointments on weekdays and Saturdays. Appointments can be booked between 9am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays the practice offers appointments between 9am and 7pm, appointments can also be booked for Saturday clinics between 9am and 1pm. Patients can be referred to the practice by their NHS GP, as well as making appointments with the practice directly.

The practice is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency. This is detailed on the practice website.

As part of our inspection we reviewed comment cards where patients and members of the public shared their views and experiences of the service. There were 29 completed CQC comment cards, patients commented that they were were satisfied with the care provided by the practice. Staff were described as caring, friendly and helpful.

Our key findings were:

- The service was providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.
- There were systems in place for the overall management of significant events and incidents. Risks to patients were assessed and well managed.
- Records were well governed and overall governance arrangements were robust.
- 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.
- Comment cards and satisfaction surveys highlighted that patients were pleased with the care provided by the doctor and staff were described as friendly, helpful and caring.
- Staff felt supported and were confident in raising concerns and suggesting improvements. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- There was an effective system in place for recording, reporting and managing significant events and incidents. Lessons were shared to make sure action was taken to improve.
- Safety was monitored using information from a range of sources, including Public Health England (PHE) guidance and safety updates from the Medicines & Healthcare Products Regulatory Agency (MHRA).
- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. Risks to patients were assessed and well managed. The practice had adequate arrangements in place to respond to emergencies and major incidents.
- The practice followed safe arrangements for managing medicines and vaccinations which reflected best practice guidelines.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE). The practice also followed travel guidance from the National Travel Health Network and Centre (NaTHNaC).
- The practice had an effective tracking and monitoring system in place which allowed them to track every vaccine administered to patients through batch numbers
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 physical records. The practice shared relevant information with other services in a timely way.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We observed a calm and friendly atmosphere at the practice during our inspection.
- We saw that members of staff were courteous and very helpful to patients and treated people with dignity and respect.
- Patients we spoke with told us they were satisfied with the care provided by the practice; they said their dignity and privacy was respected and staff were described as helpful, skilled and professional. Patients told us that they felt involved in decision making about the care and treatment they received.

Summary of findings

- Patients completed 29 CQC comment cards, positive comments were made to describe the service and staff were described as friendly, caring and helpful.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.
- Patients could access appointments and services in a way and at a time that suited them. The practice offered appointments six days a week, including late night Thursday appointments and Saturday appointments between 9am and 1pm.
- There was an efficient referral process. The practice offered an efficient pathology system where results for patient's blood tests were sent and received within a 24 hour timeframe.
- The practice offered a range of clinical services which included travel and well person clinics, a sexual health clinic, phlebotomy (taking of blood), a range of immunisation clinics and private GP care.
- The practice had an effective system in place for handling complaints and concerns.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Practice specific and protocols were well organised and accessible to all staff in the practice. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff we spoke with spoke positively about working at the practice. They said they felt valued, supported and that they worked well as a team. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- The practice had programme of continuous audits, most of these were non-clinical audits. The doctor had recognised the need to improve in this area and therefore had opted in to a pilot where a new clinical system was due to be launched in April 2016 in order to allow the practice do improve their clinical audit programme and to monitor and improve patient outcomes.
- 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.

Edgbaston Private Medical Practice

Detailed findings

Background to 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.

Our inspection team consisted of a CQC Lead Inspector and a GP Specialist Advisor.

The inspection team:-

- Carried out an announced inspection at Edgbaston Private Medical Practice on 18 March 2016

- Spoke with staff and patients
- Reviewed patient survey information and completed CQC comment cards
- Reviewed the practices policies and procedures

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. Lessons were shared to make sure action was taken to improve. For example, the practice had implemented a failsafe system for child vaccinations whereby both an adult and a child consent form was used to ensure that the doctor asked all the necessary questions and referred to manufacturer's guidelines prior to administering child vaccinations.

We saw that this learning was shared with staff and the practice team were reminded to ensure that all patients completed relevant records on arrival for vaccinations.

The practice kept a record of trends in relation to significant events, incidents and complaints. The practice used these records to monitor themes and actions on a regular basis. Significant events, safety alerts, comments and complaints were a regular standing item on the practice meeting agendas. These were discussed with staff during practice meetings and we saw minutes of meetings which demonstrated this.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. Safety was monitored using information from a range of sources, including Public Health England (PHE) guidance and safety updates from the Medicines & Healthcare Products Regulatory Agency (MHRA). This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice doctor was the lead

member of staff for safeguarding. Staff demonstrated they understood their responsibilities and we saw records to demonstrate that all staff members had received safeguarding training relevant to their role.

Notices were displayed to advise patients that a chaperone service was available if required. The practice manager and reception team would usually provide a chaperoning service. Conversations with staff and training records demonstrated that staff had been trained on how to chaperone. We saw that all staff members had received disclosure and barring checks (DBS checks). 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.

Medical emergencies

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a defibrillator and oxygen with adult and children's masks on the premises. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The emergency medicines were in date and the practice had effective checking systems in place to ensure that the emergency medicines were regularly checked and monitored.

Staffing

The team consisted of a single handed doctor, a practice manager and a team of five support staff with a range of lead roles including regulatory compliance, business development, secretarial and reception roles. We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Monitoring health & safety and responding to risks

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had robust risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to show that regular fire tests had taken place.
- 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 that enough staff were on duty.
- The practice used two regular doctors who had previous experience of working at the practice and with the doctor, if ever the doctor was on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for the two doctors.
- Staff we spoke with explained that the longest the doctor had been away from the practice was for two weeks on one occasion, in this instance patients were contacted two weeks in advance to inform them that the doctor would be taking some leave. Patients were informed of the name of the duty doctor who would be covering and they were also given a choice of an appointment with the doctor prior to their annual leave.

Infection control

We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice. We saw calibration records to ensure that clinical equipment was checked and

working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.

The practice doctor was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. There was a protocol in place, we saw records of completed audits and that action was taken to address any improvements identified as a result. Staff had received up to date infection control training and infection control training was also included in the induction of new staff.

Safe and effective use of medicines

- The doctor followed safe arrangements for managing medicines and vaccinations which reflected best practice guidelines.
- Medicines were stored appropriately in the practice and there was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer and supply to patients.
- Regular reviews were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. Regular checks were also conducted against nationally recognised travel networks for travel vaccinations.
- The vaccination fridge was well ventilated and secure. Records demonstrated that the fridge temperature was appropriately monitored on a daily basis. The practice also carried out a weekly audit to ensure that the cold chain was well maintained.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

- The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE). The practice also followed travel guidance from the National Travel Health Network and Centre (NaTHNaC).
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.
- We also reviewed the practices monitoring systems for the control and use of vaccinations. The practice had an effective tracking and monitoring system in place which allowed them to track every vaccine administered to patients through batch numbers. Staff we spoke with explained that they improved this system in 2013 due to an alert from the Medicines & Healthcare Products Regulatory Agency (MHRA) regarding the recall of a specific travel vaccination.
- Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. These included patients at risk of developing a long-term condition and those requiring health and lifestyle advice.

Staff training and experience

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

- The practice doctor had a mixture of enhanced skills including cardiology, diabetes, gastroenterology and dermatology. The doctor was a member of the Royal College of Physicians (London) and the Royal College of General Practitioners.
- The practice had a comprehensive induction programme for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the

individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.

- The doctor was up to date with their yearly continuing professional development requirements and had been revalidated. We saw records which demonstrated that the doctor attended various training updates. We saw that the doctor frequently attended continuous professional development updates. We saw records which demonstrated that the doctor regularly attended primary care practitioner updates and immunisation courses.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring,

Working with other services

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 physical records.

- This included care and risk assessments, details about the destinations patients travelled to, medical records, investigations and test results. Information such as travel leaflets were also available.
- The practice shared relevant information with other services in a timely way and patients benefited from an efficient referral process due to the practice's rapid access referral system, this enabled the practice to have direct access to list of specialist consultants used for regular referral. The practice was able to operate an efficient pathology system where results for patient's blood tests were sent and received within a 24 hour timeframe through The Doctors Laboratory (TDL).
- We saw how the doctor had worked closely with a local support centre to develop a specific protocol to offer extra support for a patient with a learning disability. We viewed the protocol which was comprehensive and tailored specifically to the needs of the patient. Once the protocol was developed and agreed with the patient and the patient's family, the doctor additionally attended the centre to offer training and coaching to support staff with the process.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other independent services when necessary and there were established communication links between the practice and the patients NHS GPs whereby the practice routinely shared information with NHS GP services or general NHS hospital services. We also saw that patients were involved in the information sharing process by consenting to share information between NHS and private services.

Consent to care and treatment

- The practice sought the consent of patients if they needed to contact their GP. We saw that patients consent was clearly documented on treatment forms and the doctor sought the consent of patients if they wanted their GP to be contacted.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment, 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 doctor assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through regular reviews and records audits.
- The practice offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed a calm and friendly atmosphere at the practice during our inspection. We saw that members of staff were courteous and very helpful to patients and treated people with dignity and

respect.

- Privacy screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patients completed 29 CQC comment cards, positive comments were made to describe the service and staff were described as friendly, caring and helpful. Some of the comment cards we reviewed described the service as first class and many comment cards described the doctor as genuinely caring.

The practice received a positive response to their NHS Friends and Family Test, with 100% of the respondents who took part reporting that they would recommend the practice to others. This theme align with many of the completed comment cards, with a number of comments highlighting that patients and service users would recommend this practice to others in the area.

We also saw that the practice had received a number of positive comments through online feedback and thank you cards, where patients left compliments and gave thanks to the team for the care and treatment received.

Involvement in decisions about care and treatment

We spoke with two patients on the day of our inspection. Patients told us they were satisfied with the care provided by the practice; they said their dignity and privacy was respected and staff were described as helpful, skilled and professional. Patients told us that they felt involved in decision making about the care and treatment they received.

Comment cards highlighted that the GPs often took the time to explain information and treatment options during consultations with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for patients with multiple health concerns and for patients a learning disability.
- Patients could access appointments and services in a way and at a time that suited them. Appointments were readily available for patients including urgent access appointments for those with serious medical conditions.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients.
- The practice offered appointments six days a week, including late night Thursday appointments and Saturday appointments between 9am and 1pm.
- There was an efficient referral process and the practice also had direct access to list of specialist consultants for patient's referrals.
- The practice offered an efficient pathology system where results for patients' blood tests were sent and received within a 24 hour timeframe.
- The practice offered a range of clinical services which included travel and well person clinics, a sexual health clinic, phlebotomy (taking of blood), a range of immunisation clinics and private GP care.

- The practice offered a range of payment options to patients including annual and monthly membership schemes.
- Consultations and treatments were offered with the same doctor, to ensure patients had continuity of care.
- Information was made available to patients in a variety of formats, through detailed service booklets and on the practices website.

Access to the service

The practice was open for appointments on weekdays and Saturdays. Appointments could be booked between 9am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays the practice offered appointments between 9am and 7pm, appointments could also be booked for Saturday clinics between 9am and 1pm.

Concerns & complaints

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

- We saw information in the waiting room detailing the practices complaints policy and information on what to do if a patient wished to make a complaint. Patients could also raise concerns and give feedback through the practices website.
- Its complaints policy and procedures were appropriate and up to date. There was a designated responsible person who handled all complaints in the practice. The practice continually reviewed complaints to detect themes or trends.
- The practice shared records of the one complaint they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency.

Are services well-led?

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practices computer system.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.

Leadership, openness and transparency

- The practice doctor and the practice manager formed the management team at the practice. They worked closely with practice team to motivate and encourage staff to succeed; conversations with staff members also highlighted a supportive approach from the management team during the inspection. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and staff commented that the management team were friendly, caring and approachable.
- There was a regular programme of practice meetings where all staff met once a month as a minimum. All of these meetings were governed by agendas which staff could contribute to, meetings were minutes and action plans were produced to reflect actions at each meeting. We saw minutes of these meetings which highlighted that key items such as complaints, significant events, safety alerts, best practice guidelines and changes to processes were regularly discussed.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.

- All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We also noticed how different members of the practice team contributed to the practice presentation on the day of our inspection. This included representation from the practice doctor, the practice manager, the senior medical secretary, the business development manager and a recently appointed apprentice receptionist.
- We spoke with five members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and that they worked well as a team. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.

Learning and improvement

The practice had programme of continuous audits. The practice shared records of several audits; one of these was a repeated non-clinical audit where the practice audited a sample of 10 to 20 patient records each month to ensure that all details were up to date and accurate. The doctor also completed a diagnosis and referral comparison audit where a sample of 12 records were reviewed to compare the doctor's diagnosis to the diagnosis made by consultants once the patients had been referred. The audit record highlighted that the doctor's diagnosis reflected the diagnosis made by the consultants. We saw that audits were discussed during regular staff meetings and documented in the minutes to support this.

Although there were many audits taking place in the practice, most of these were non-clinical audits. The doctor had recognised the need to improve in this area and explained that the current system in place was not as effective when trying to complete clinical audits. This was because although the system software was effective for monitoring and managing operational quality and governance, it wasn't as effective as a clinical system and lacked key features such as clinical coding. To improve this area the practice had opted in to a pilot whereby a new system would be installed to allow the practice do effectively audit, monitor and improve patient outcomes. The new system was due to go live in April 2016, staff explained how the system had built in coding facilities,

Are services well-led?

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

reporting tools, a built in invoicing system, text messaging facilities and direct links to the doctor's laboratory. The doctor discussed plans for future clinical audits through use of the new system and we saw that this was discussed with staff through minutes of practice meetings.

The practice was also investing in an online training and education system to enable staff to complete e-learning training modules in addition to in-house and external training courses.

Provider seeks and acts on feedback from its 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:

It had gathered feedback from patients through online feedback, in-house patient surveys, external resources such as the family and friends test, patient's suggestions and complaints. We saw that all feedback was analysed and that actions were implemented as a result. We looked at records where patient feedback had been reviewed and analysed, all feedback was very positive and the practice had acted on feedback where patients had suggested having a water machine in the waiting room, we saw that this had been installed.

The practice had also gathered feedback from staff through meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.