

# Khalique Medical Practice Limited

## Inspection 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 location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Khalique Medical Practice Limited on 1 November 2022. This inspection was conducted due to a change of location by the provider of this service.

Khalique Medical Practice Limited is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: diagnostic and screening procedures, family planning and treatment of disease, disorder or injury. Khalique Medical Practice Limited specialise in providing a range of private GP appointments as well as treatments and services relating to medical and travel vaccinations, health assessments and family planning. Complimentary health services including psychotherapy, nutrition, physiotherapy and mindfulness coaching are also available. Finally, the service also provides corporate health packages consisting of pre-employment and routine health checks/assessments/screening.

Dr Sophia Khalique 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The practice had systems in place which kept patients safe. These included checks on patients attending the practice and risk assessments conducted to ensure staff and patients were safe whilst attending the service.
- Clinicians at the practice were aware of current evidence based guidance and had the skills and knowledge to deliver effective care and treatment.
- The practice services were offered on a private, fee paying basis only and were accessible to patients and corporate clients who chose to use it.
- The practice obtained consent to care and treatment in line with legislation and guidance.
- Staff felt valued and supported. Clinical and administrative staff worked closely together to provide quality services for patients and clients.
- Provision of services at the practice considered patient demand and included timely access appointments which included face-to-face, telephone and video consultations.
- There was a focus on learning and improvement.
- Feedback from patients we spoke to told us they were happy with the care provided by the service.

We saw one area of outstanding practice: -

# Overall summary

- The practice had recently become the first ambassador for a community-based youth boxing project. Through the support of the practice, the project has been able to purchase a boxing equipment, support a boxing coach and secure a venue to hold boxing classes. Through the project, the practice has been able to give educational health talks to participants involved with the project.

The areas where the service **should** make improvements: -

- Incorporate the use of written risk assessments to explain why particular medicines are not kept on site, if these medicines have been advised to be held in accordance with national guidance.
- Review existing systems for monitoring of expiry dates of medicines kept at practice.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Khalique Medical Practice Limited

Khalique Medical Practice Limited provides consultations with independent doctors from premises located at 101 Harley Street, London, W1G 8SF. The service provides consultations with independent doctors specialising in providing a range of private GP appointments as well as treatments and services relating to medical and travel vaccinations, health assessments and family planning.

This fee-paying service provides the above range of health services to children and adults, as well as providing corporate healthcare packages.

The practice is located over two floors (first and second) of a shared commercial/residential building. The building has both stairs and a lift to enable clients to access the service.

The registered manager of the service is also the service manager. Consultations are undertaken by a team of three doctors who are all registered with the General Medical Council (GMC). There is a team of eight complimentary health practitioners, who work alongside the registered manager to provide additional services at the practice. Other staff working at the service include a healthcare assistant, five administrative staff and a business manager.

Appointments are available as follows: -

- Monday - Thursday :- 8am - 6pm
- Friday :- 8am - 5.30pm
- Saturday :- 10am - 1pm

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the service and in line with all data protection and information governance requirements.

During our inspection we:-

- Looked at the systems in place relating to safety and governance of the service on the day and in advance of our site visit
- Viewed key policies and procedures
- Conducted interviews with staff
- Spoke with patients
- Reviewed clinical records

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?

## We rated safe as Good because

*We found the service to have systems and procedures in place to keep patients and staff safe and that there was evidence that the information to deliver safe care was available.*

## Safety systems and processes

### The service had clear systems to keep people safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and on-going training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies regarding safeguarding were regularly reviewed and were up to date. The practice had not needed to raise any recent safeguarding concerns to the appropriate authorities but staff we spoke with were fully aware of procedure of how to do so if required. Staff took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff files we checked showed staff had received up-to-date safeguarding training, and that the training received was appropriate to their role. For example, the GP staff file we checked showed child safeguarding training had been achieved to level three.
- The practice had systems in place to assure that adults accompanying a child had parental authority. Staff we spoke with told us that no procedure would be undertaken on a child under 18 without the written consent, proof of identity and attendance of at least one parent prior to treatment commencing.
- The service carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We viewed three staff records and found current DBS checks attached to their record. DBS checks were undertaken for all staff who had face-to-face contact with patients.
- There was an effective system to manage infection prevention and control. We viewed three consultation/procedure rooms and found them to be clean and well-maintained. The practice manager was able to show us that controls were in place such as IPC audits, fire risk assessments and Legionella controls. The staff records we examined on the day of inspection showed that staff had received required training in subjects such as fire safety and infection control.
- The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We viewed certification which showed an external qualified company had undertaken calibration and electrical testing of equipment at the practice. There were systems for safely managing healthcare waste.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, there was no system in place to identify who was responsible for ensuring that safety alerts were acted on (if required) when received by clinical staff at the practice.
- Staffing for the practice was planned around the scheduled patient appointments. Clinical staff at the practice had different specialities and patients booking appointments would have an appointment scheduled with the appropriate clinician. We were told that if an appointment needed to be re-scheduled due to staff absence, the practice would contact the patient at the earliest opportunity to inform of the need to reschedule and would reschedule at a time suitable for the patient.

## Risks to patients

### There were systems to assess, monitor and manage risks to patient safety, but these were not always monitored in a timely manner.

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The service was able (using existing staff) to provide cover for administrative colleagues if required at short notice.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff, the practice assessed and monitored the impact on safety and changes were discussed at the following team meeting.
- There were appropriate indemnity arrangements in place to cover potential liabilities.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We noted two items recommended in national guidance were that were not kept on site and there was not an appropriate risk assessment to inform this decision. One of the medicines national guidance recommends to have on site for a service that offers coil fittings is Atropine. This medicine was not held by the practice on the day of inspection and there was no risk assessment completed by the practice to explain why this medicine was not required to be held by the practice.

## Information to deliver safe care and treatment

**Staff had the information they needed to deliver safe care and treatment to patients, however systems in place did not facilitate a joined-up approach to patient record keeping.**

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Patients electronic clinical records are stored on a cloud-based system, which was encrypted and backed-up regularly.
- Access to patient electronic records was by secure password and each members of staff had their own individual log-in.
- The service had systems for sharing information with staff and other healthcare providers (when applicable) to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. Equipment such as the defibrillator and oxygen, were stored appropriately and checked regularly.
- Staff administered medicines to patients and gave advice on medicines administered in line with legal requirements and current national guidance. Processes were in place for checking and recording of medicines kept on site. On the day of inspection, we noted that whilst the practice had a system in place to monitor the expiry dates of medicines held on site, one of medicines we sample checked had recently expired and there was no replacement for this medicine. We spoke to the practice about this and was told that a replacement would be purchased the same day.

## Track record on safety and incidents

**The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues. The practice had a tenancy agreement in place, and we saw that risk assessments were in place to ensure the safety of staff and patients whilst on the premises.

# Are services safe?

- The practice on monitored and reviewed activity (such as incidents) within the service. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. Any activity relating to incidents that occurred at the practice were discussed at the earliest opportunity with the staff involved (and the service manager) and again at the next team meeting. Discussions held would include what could the service do differently to prevent another occurrence of the incident.
- The practice held a log of incidents. Incidents (and outcomes) were also logged on the service's cloud-based system by the practice manager.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice (prior to the day of inspection) provided us a copy of a recent significant event that had occurred at the practice where there had been miscommunication between a patient and the practice regarding a prescription that had been issued. We saw that the practice took action to resolve the issue with the patient and that the event was discussed with staff (shortly after the event occurred) in order to address any training needs and to obtain learning to prevent a reoccurrence of this type of event at the practice.
- The practice was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty within the service. The practice told us that they would give affected people reasonable support, truthful information and a verbal and written apology if something went wrong with the care they provided.

# Are services effective?

## **We rated effective as Good because:**

*We found the service employed qualified clinical staff with knowledge and experience to allow effective care and treatment to be delivered. Patients attending the service received person-centered care.*

### **Effective needs assessment, care and treatment**

**The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.**

- Patients' immediate and ongoing needs were assessed as part of their treatment at the service.
- Clinicians had enough information to make or confirm a diagnosis. This was achieved through discussion either by an in-person face-to-face consultation at the service location or by telephone consultation with a patient.
- We saw no evidence of discrimination when making care and treatment decisions. Staff at the practice told us that patients views are respected, listened to and considered when decisions about their treatment were being discussed. We saw evidence of this on electronic patients' records we viewed. We viewed five electronic patient records and found that all five had been completed to a good standard.
- Staff assessed and managed patients' pain where appropriate.

### **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The practice made improvements using completed audits and quality improvement activity to have a positive impact on quality of care and outcomes for patients. The practice had conducted five clinical audits within the last 24 months. We viewed an audit which monitored patients taking a specific medicine for weight loss. 33 identified patients on the specific medicine experienced weight loss within three months of commencement of medication. Four patients stopped taking the medicine due to side effects or reduced their dosage of the medicine with a view to stopping taking medicine but maintaining a healthy weight. Six percent of patients reported a variety of side effects (which were in most cases tolerable) as result of taking the medicine. The practice told us that they would continue to monitor patients on this medicine and that a repeat second cycle of this audit would be undertaken in Autumn 2023.

### **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The practice had an induction programme for all newly appointed staff conducted by the practice manager and the lead GP (for clinical staff).
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The practice understood the learning needs of staff and used team meetings to discuss any identified knowledge gaps and how to acquire the relevant knowledge. Up to date records of skills, qualifications and training were maintained. We viewed three staff files and found these files were complete with relevant information.

### **Coordinating patient care and information sharing**



# Are services effective?

## **Staff worked together to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines used as part of the procedure with their registered NHS GP (if applicable) on each occasion they used the service. If the patient refused, the service would record this on the patient record.
- The service had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Staff supported patients to make decisions. We were told that where appropriate, the service assessed and recorded a patient's mental capacity to make a decision. Consent to treatment was recorded on the electronic patient record.

# Are services caring?

## **We rated caring as Good because:**

*We found the service respected patient privacy and dignity. Patients were involved in decisions about their care and treatment and the service treated patients with kindness, respect and compassion.*

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The practice sought feedback on the quality of clinical care patients received. The practice told us that they ask patients to fill in an online survey about the care received at their last appointment and view the results and comments to see if the service provided was meeting patient demands. We asked the practice to provide us with details of any patient survey undertaken within the last 12 months, but we did not receive any information relating to any in-house survey undertaken.
- Feedback from patients was positive about the way staff treat people. The service had over 300 positive reviews from a verified online review site which gives individuals the opportunity to comment on independent healthcare providers that they have used.
- We spoke with two patients on the day of inspection. Both patients gave positive feedback about the services provided and staff at the practice.
- Staff understood patients' personal, cultural, social and religious needs. They displayed a non-judgmental attitude to all patients.
- The practice gave patients timely support and information. Patients had access to aftercare at the clinic.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- We were told by the service that if a patient did not have English as their first language, they would use translation services such as Google Translate in the first instance. We were told several staff at the service spoke different languages and would be happy to act as a translator if required.
- We were told by the service that if a patient had learning disabilities or complex social needs, family or carers were appropriately involved.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

*We found the service offered timely access to appointments, had systems in place to address patient complaints and concerns and made reasonable adjustments to allow all patients access to services.*

## **Responding to and meeting people's needs**

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

- The practice understood the needs of their patients and would improve services in response to those needs (if required). We saw evidence of this by the practice response to an incident recorded that we viewed.
- The facilities and premises were appropriate for the services delivered. Consultation rooms had wooden doors which helped to prevent sound and discussions being heard in other areas of the practice.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The building the practice was located in had a lift installed making it accessible for patients with mobility issues once they were in the building.
- The practice issued a newsletter to patients registered with the practice. The newsletter contained information relating to personnel and services at the practice alongside healthcare advice written by clinical staff at the practice.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access appointments which included face-to-face, telephone or video consultations. Appointment times varied according to the nature of the consultation.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- We saw that the appointment system was easy to use. Appointments could be made through contacting the service by telephone, email or using the 'contact us' page of the service website.
- The service opens six days a week at the following times: -
  - Monday - Thursday :- 8am - 6pm
  - Friday :- 8am - 5.30pm
  - Saturday :- 10am - 1pm
- An out of hours service to patients registered with the practice was available. This consisted of a 24-hour telephone line with an answerphone message giving instructions regarding how to contact the on call doctor for the practice. A charge was applicable for this service.

## **Listening and learning from concerns and complaints**

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

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The practice informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This was highlighted on the practice website and on the service's information leaflet.
- The practice had a complaints policy and procedures in place. The service had not received any complaints since moving to this location. We were told by staff that if a complaint was received, the practice management would give a verbal apology and inform the complainant of the practice formal complaints procedure, in the event that they wanted to take the complaint further. Complaints and feedback received (in person and online) was regularly reviewed and discussed at staff meetings.

# Are services well-led?

## **We rated well-led as Good because:**

*The practice had policies in place to enable the service to run effectively and the vision to deliver good quality care and outcomes for patients. The culture at the practice allowed staff to feel comfortable when raising concerns and practice engaged regularly with stakeholders to ensure an overall quality service. We identified the work the practice has done with a community based project as an area of outstanding practice.*

## **Leadership capacity and capability**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The provider of services at this location spoke with the inspection team regarding their plans to expand the provision of service through the recruitment of additional complimentary health practitioners to the practice.

## **Vision and strategy**

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with staff. The practice spoke with the inspection team about the vision and values of the service and the proposed expansion of the practice. The provider told us that they wanted to achieve a gold-class practice that provided the best private general practice in the world.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## **Culture**

### **The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service. A staff member we spoke with told us that they enjoyed their role and that all staff working at the practice were visible and approachable.
- The service focused on the needs of patients. This was evidenced through the provision of a variety of services available at the practice.
- The service manager told us that they would act on behaviour and performance inconsistent with the vision and values.
- The practice told us that openness, honesty and transparency would be expected from all staff when responding to any incidents and complaints. This was evidenced in a minuted discussion of a practice meeting that we viewed. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

# Are services well-led?

- There were processes for providing all staff with the development they need. This included regular appraisals and opportunities for training where a training need had been identified. All members of staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff. The inspection team was told that the practice motto of 'happy and healthy' referred to both patients and staff at the practice.
- The practice actively promoted equality and diversity, and the two staff files we viewed on the day of inspection had evidence that staff had received equality and diversity training.
- There were positive relationships between all staff members. This was evidenced through discussions we observed between staff members whilst we were on site.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The practice had several policies and procedures in place to assist with the management of the service. Policies and procedures also covered management of partnerships with external stakeholders. An example of these systems was the service level agreement with the landlord of the building the service is located in.
- Staff were clear on their roles and accountabilities and would refer to senior colleague where applicable.
- The practice had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We noted that the service had a variety of service protocols which staff could refer to. These were available on the service's shared computer system.
- The practice used performance information, which was reported and monitored, and management and staff were held to account. The service had monthly clinical governance meetings as well as all staff meetings where data relating to the provision of services was discussed.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice employed a business development manager whose role included oversight and responsibility for data security within the practice. The service was registered with the Information Commissioner's Office (ICO). Patient information was held and stored in accordance with General Data Protection Regulations (GDPR).

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The service provider and the practice manager were responsible for the day-to-day management of the service which included performance of the service and management of risk.
- The practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and patient notes. The practice manager had oversight of incidents and complaints. These were promptly discussed with staff as soon after the incident (or receipt of complaint) as possible and any learning identified and incorporated within working practices at the earliest opportunity.
- The practice had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

# Are services well-led?

## **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients, staff and external partners (when required) to support high-quality sustainable services.**

- The practice encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Feedback for patients could be given through a patient questionnaire which was sent to patients following their latest consultation at the practice. The service subscribed to an independently verified review website, and we saw positive reviews of the practice on this website. Feedback opportunities for staff were available via staff meetings or an ad-hoc conversation with the practice manager or service manager.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There were evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. The provider told us about an environmental initiative within the practice to reduce the use of plastic and increase the recycling of paper. Staff were encouraged to wait until they came to work to have a cup of coffee/tea instead of buying one on the way which would come with a plastic lid. Staff have been involved with reducing and identifying suitable replacements for existing plastic items used within the practice. The practice aims to keep paper records to a minimum by scanning documents and placing them on the practice's computer system. Reusable hand towels are provided as standard in the practice toilets and kitchen areas.
- The proposed expansion of services provided at the practice would enable the provider to have a holistic approach to management a patient's health. The combination of management of a patient's physical and psychological health was an important focus of the practice with regards to the continuing improving and innovative services provided at the practice.
- The practice had recently become the first ambassador for TUFF (The Unity of Faiths Foundation) Boxing project. TUFF's primary purpose is to empower young people from all backgrounds through participation in sports and leisure, education, integration, equality, understanding their environment and the rule of law and democracy. By becoming an ambassador for TUFF Boxing, the practice has been able to financially support the project to purchase a boxing ring, support a boxing coach and secure a venue to hold boxing classes. The service manager told us that as a practice they believed in supporting youngsters based in the community less privileged than the majority of the patient population who attend the practice. The practice welcomed the opportunity to provide educational health talks through the project to interested parties.