

Garston and West Speke Health Centre

Quality Report

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Date of inspection visit: 22 October 2015
Date of publication: 26/11/2015

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This is the report from our announced comprehensive inspection of Garston and West Speke Health Centre. The service operates from two sites; one in Garston, 32 Church Road Liverpool L19 2LW and one in Blackstock Hall Road, Speke, Liverpool L24 3TY. We inspected both sites on the 22 October 2015. Where information in the report refers to the practice, this refers to both sites unless otherwise specified.

We previously undertook a focused inspection at the Garston site only in February 2015 in response to an issue of concern. We issued two Requirement Notices as a result of our findings and requested an action plan.

Overall the practice is rated good.

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

- The provider had met the Requirement Notices and made improvements in quality assurance processes.

- A Local Medical Director had been recently appointed to oversee the clinical governance of the practice and was proactively encouraging the use of clinical audits to ensure patients received treatment in line with best practice standards.
- The practice had good facilities including disabled access and translation services and three of the GPs spoke other languages.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice was clean and tidy.
- The practice used a pharmacy advisor to ensure the practice was prescribing in line with current guidelines.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) and acted on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.

However the provider should consider improving the service by:-

Summary of findings

- Reconsider the risk assessment for the need for a defibrillator at the branch surgery.
- Review the storage of emergency drugs at the branch practice to allow easy access.
- Have a systematic approach to whether the practice implements best practice guidance and record the rationale if the guidance is not followed.
- Revisit the register of patients with learning disabilities to ensure that all care plans are updated.

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 good for providing safe services. The practice took the opportunity to learn from incidents, to support improvement. There were systems, processes and practices in place that were essential to keep people safe including infection control, medicines management and safeguarding.

Good



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinicians were aware of the guidance from the National Institute for Health and Care Excellence (NICE) but a more systematic approach to whether the guidance was to be followed or not and the rationale for use needed to be adopted. Data showed patient outcomes were comparable with local CCG and national averages. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Good



Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It acted on suggestions for improvements from feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Information about how to complain was available. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated good for being well-led. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and had an

Good



Summary of findings

active patient participation group (PPG). Staff had received inductions and attended staff meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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

The practice is rated good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and nursing home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for patients over the age of 75 years. The practice offered several services to this population group such as telecare systems for personal alarms, telehealth services to monitor a variety of conditions and medication reviews with a pharmacist and consultant geriatrician.

Good



People with long term conditions

The practice is rated good for providing services for people with long term conditions. These patients had a six monthly or annual review with either the GP and/or the nurse to check their health and medication. The practice had registers in place for several long term conditions including diabetes and asthma. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition. The practice offered appointments with the practice nurse for up to 45 minutes to ensure patients with multiple needs were seen.

Good



Families, children and young people

The practice is rated good for providing services for families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice regularly liaised with health visitors. Immunisation rates were high for all standard childhood immunisations. The practice had developed an 'Access for Children' policy to ensure that all children under five could be seen on the same day if required.

Good



Working age people (including those recently retired and students)

The practice is rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings. The practice also offered telephone consultations to reduce time off work.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability but this needed to be updated. Longer appointments were available for people with a learning disability. Staff had received safeguarding training.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for providing services for patients experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those few that did not attend had alerts placed on their records so they could be reviewed opportunistically. Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 116 responses which is equivalent to 2.4% of the patient list) demonstrated that the practice was performing in line with local and national averages. However, there were areas the practice could improve. For example:

- 80% described their overall experience of this surgery as good compared with a CCG average of 87% and national average of 85%.
- 82% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 89%.
- 80% of respondents said the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 89% and national average of 87%.

The practice scored higher than average in terms of making appointments and finding receptionists helpful. For example:

- 94% of respondents found the receptionists at this surgery helpful compared with a CCG average of 88% and national average of 87%.

- 64% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 59% and national average of 60%.
- 97% of respondents said the last appointment they got was convenient compared with a CCG average of 93% and national average of 92%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards (which is equivalent to 0.4 % of the practice patient list size) 19 of which were positive about the standard of care received.

Results from the National GP Patient Survey showed that 73% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 79% and national average of 78%. We reviewed the latest survey results from June to August 2015 for the Friends and Family test which is a NHS survey which asks if patients would recommend the service. The amount of returns was low (nine) for September but all patients would recommend the service.

Garston and West Speke Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Garston and West Speke Health Centre

We previously undertook a focused inspection in February 2015 in response to concerns we received. We issued two Requirement Notices as a result of our findings and requested an action plan. Requirement Notices were issued in relation to: governance (Regulation 17) and failing to notify us of a police incident (Regulation 18 (CQC Registration Regulations 2009)).

Garston and West Speke Health Centre is situated in a deprived area of Merseyside. The service operates from two sites; one in Garston, 32 Church Road Liverpool L19 2LW and one in Blackstock Hall Road, Speke, Liverpool L24 3TY. There were 4751 patients on the practice list at the time of our inspection.

The practice has four permanent GPs. There is a nurse practitioner, a practice nurse and a healthcare assistant. Members of clinical staff are supported by the practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by 111 services.

The practice has an alternative primary medical services contract (APMS) contract and had enhanced services contracts for example, childhood vaccinations.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 22 October 2015.
- Spoke to staff and representatives of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

The practice took the opportunity to learn from internal and external incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. There were recording systems in place which all staff were aware of. The practice held meetings on an annual basis to discuss all significant events and identify trends.

The practice acted on any national patient safety alerts and medication alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. These 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.
- Procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster displayed. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Standards of cleanliness and hygiene were followed. All areas of the practice were clean and cleaning schedules and monitoring systems were in place. The practice nurse and nurse practitioner were the designated leads. There was an infection control protocol in place and staff had received up to date training. The practice carried out audits and monitored systems in place. The practice had carried out Legionella risk assessments and regular monitoring.
- The practice worked with pharmacy support from the local clinical commissioning group (CCG) and in addition SSP Health Ltd had their own pharmaceutical advisor who visited the practice. The lead GP was also the lead for medicines management for the local CCG. Regular medication audits were carried out with the support of the pharmacy teams to ensure the practice was safely prescribing in line with best practice guidelines. Arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, at the branch surgery in Speke, the emergency drugs were piled up in a cabinet and therefore there was a risk that this may increase the time taken to locate the correct emergency drugs required. Prescription pads were securely stored and there were systems in place to monitor their use. There was a repeat prescription policy in place and uncollected prescriptions were routinely monitored.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had oxygen with adult and children's masks. The practice at the Garston site is situated within a large health centre and there was a defibrillator available in the walk in centre. There was no defibrillator available at the branch surgery. A risk assessment had been carried out but the provider may wish to consider reviewing this.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

There were systems in place to ensure all clinical staff were kept up to date with best practice. Clinicians were aware of the guidance from the National Institute for Health and Care Excellence (NICE) but a more systematic approach to whether the guidance was to be followed or not and the rationale for use needed to be adopted.

The practice participated in the unplanned admissions scheme to reduce the likelihood of patients attending hospital. All eligible patients were monitored and had care plans in place.

NHS Health checks were available for all patients between 40-74 years of age. The healthcare assistant assisted in providing a phlebotomy service for the practice mainly at the practice in Speke.

Patients' consent to care and treatment was sought 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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices.

Protecting and improving patient health

The practice worked effectively with other local support groups in the community to help protect and improve patients' health. Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. There was a health trainer that advised patients on lifestyle that visited the practice once a week.

The practice had recently taken part in a scheme called Tele-health which assisted patients with long term conditions such as diabetes to monitor and manage their own conditions to prevent unnecessary hospital admissions. The practice also had telecare systems for

patients at home with personal alarms and sensors linked to a monitoring service. Results were sent to a monitoring hub but it was not clear how many patients utilised these services.

The practice had only a small number of children who were eligible for vaccinations. Childhood immunisation rates (2014-2015) for the vaccinations given to two year olds and under ranged from 92.1% to 100% and were higher than CCG averages of 93.3% to 96.8%. Vaccination rates for five year olds were 91.9% to 100% and were higher than local CCG averages of 88% to 97%. Vaccinations were carried out by the health visitor team but the practice nurse was due to take over this role and had received the relevant training.

The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 71.76 % compared to a national average of 73.24%. There were adverts and leaflets in the waiting rooms to encourage vaccination uptake.

Screening rates were much lower compared with national averages, for example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 68.41% compared to a national average of 81.88%. We looked at current performance and saw that this had increased. The practice had recognised screening rates could be improved and had proactively encouraged more women to attend.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results.

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by administration staff. Arrangements were in place to share information for patients who needed support from the out of hours service.

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up by use of a monthly diary throughout the year to ensure they all attended health reviews. 2013-2014 results were 92.2% of the total number of points available. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was comparable and lower to the national averages.
- Performance for mental health assessment and care was comparable to the national averages.

The practice could evidence quality improvement with a variety of audits including clinical, medication, referral, consultation, data quality and access audits and all relevant staff were involved. Results of audits were discussed at clinical meetings to promote shared learning.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- There were enough staff to provide services and this was monitored. However, there had been a recent shortfall in administration staff over a two month period which had led to a back log of paperwork which was being addressed. A new member of staff was due to start at the practice the week after our inspection. The practice did use locums but only in the event of their permanent GPs being absent. Locum GPs received induction information packs and continuous support and they were encouraged to attend staff meetings. Consultation audits and referral audits were undertaken for all GP to ensure correct standards in working practices were being followed. There was an escalation policy in place if there were any concerns regarding locum GP performance.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff were encouraged to develop and attain higher qualifications. GPs and the practice nurses attended other meetings and learning events with other practices in the area organised by the CCG and SSP Health Ltd.
- All GPs were up to date with their continuing professional development. There were annual appraisal systems in place for all other members of staff. Training needs were identified through appraisals and quality monitoring systems.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

CQC comment cards we received were positive about the service. Patients said they felt the practice offered an excellent service and clinicians were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Data from the National GP Patient Survey July 2015 showed from 116 responses that performance was below local and national averages for example,

- 82% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Carers were asked to sign up to a register so that their needs could be met. Written information was available for carers to ensure they understood the various avenues of support available to them.

Care planning and involvement in decisions about care and treatment

Health issues were discussed with patients and patient feedback on the comment cards we received was positive.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment but the practice could improve. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was a patient participation group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. As a result of feedback, the practice had altered its appointment service.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability.
- Urgent access appointments were available for children.
- There were disabled facilities and translation services available.
- Translation services were available and some of the GPs could speak a variety of different languages.
- There was a hearing loop at the Garston site and both practices had large print leaflets available.

There was a practice newsletter for patients that highlighted information regarding support for carers and screening appointments.

Access to the service

The practice was open from 8am to 6.30pm. Appointments could be made in person, by telephone or online. Pre-bookable appointments could be booked up to four weeks in advance for both GPs and nurses. Same day urgent and non-urgent appointments were also available but not necessarily with a GP of choice due to availability.

The practice constantly monitored the numbers of appointments available to meet the demand of the patients. For example, the practice increased the numbers of appointments in the winter months to attempt to reduce pressure on hospital services.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a review of an annual summary of formal and verbal complaints received by the practice from April 2014 to March 2015. Complaints were broken down into twelve different categories such as whether the complaint was a clinical issue or about staff attitude in order to identify any trends. The review outlined whether patients' complaints had been dealt with in an appropriate timescale and highlighted whether the patient was happy with the outcome of the complaints process and there was a good audit trail of information. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

Staff told us the practice was patient centred and a caring practice. There were some notices in the practice referring to values and a patient charter.

Governance arrangements

There was a clinical governance policy in place. SSP Health Ltd had a range of policies and procedures which were available to all staff on the practice's computer system. The policies included a 'Health and Safety' policy and 'Infection Control' policy. All the policies were regularly reviewed and in date and staff we spoke with were aware of how to access the policies. However, at our previous inspection in February 2015, we were concerned that policies and procedures documented by SSP Health Ltd were not always being implemented at practice level and we issued a Requirement Notice in relation to governance.

At this inspection, we could see improvements had been made to meet the Requirement Notices which included the following:-

- An 'organisational guidance pathway' for all staff to refer to if they needed to contact managers from the head of office of SSP health Ltd.
- A recently appointed Local Medical Director to oversee the clinical governance of the practice to ensure best practice was followed.
- Clinical governance meetings in which clinical audits and continuous improvements were addressed.
- Updated policies and procedures in response to the concerns we identified at the inspection in February 2015. For example, the practice had updated its 'Locum Appointment Protocol' and a new procedure was in place to ensure all new locum GPs had their identity checked. This involved staff requesting original ID which was photocopied and kept on file. If any staff had concerns they had specific instructions on who to contact. We spoke with three administration staff who confirmed this process was now in operation and saw a

file of all checks done. A copy of the new Locum Appointment Protocol had been sent to all GP locum agencies and was also available as part of the appendices to an updated version of a locum information pack. There was an escalation policy in place if there were any concerns regarding locum GP performance.

- Training of staff to follow any new procedures.
- An increase in the quality assurance procedures to ensure the full implementation of new procedures. This included random sample checks done by head office. For example, there were now monitoring checks done for all new GP locums working at the practice. Checks included: ID checks, signing for locum induction packs. Performance audits covering consultations and appropriate referrals were also carried out monthly.
- A process of evaluation whereby any new procedure was reviewed to check the practical feasibility of the procedure.

The practice also had:-

- A system of reporting incidents and whereby learning from outcomes of analysis of incidents took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. For example, there was a newsletter for GPs. Meetings were planned and regularly held including: annual significant event and complaints meetings, clinical meetings, and practice manager meetings. Meeting minutes were circulated and available to all staff.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs.