

Hamilton Medical Centre

Quality Report

86 Market Street
Birkenhead
Wirral
CH41 6HB

Tel: 01516490191

Website: www.hamiltonmedicalcentre.com

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hamilton Medical Centre on 14 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients we spoke with and Care Quality Commission (CQC) comment cards reviewed indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available in the patient information leaflet and on the practice's web site.

- The appointment system was regularly audited to check the practice was meeting patient demand. The practice operated a system for direct access to appointments and/or advice or priority for prescriptions for patients with greater needs.
- The practice is situated in an area of high deprivation and the practice provided GP services for homeless patients and patients living in nearby hostels.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Staff had worked at the practice for many years and the benefit of a small practice was that staff knew their patients well and could anticipate their needs. Staff worked well together as a team.

The areas where the provider should make improvements are:

- Have appropriate oxygen masks for adults and children for use in medical emergencies and update their monitoring system for emergency medical equipment for expiry dates.

Summary of findings

- Secure the oxygen cylinder and have appropriate safety signage; and have a map of the building displayed at the front entrance of the practice with details of where the oxygen is stored for the fire service.
- Update safeguarding registers and coordinate details of other family members of patients who may be at risk.
- Periodically review incidents and all complaints to identify any trends and minimise the potential for reoccurrence.
- Display information in the waiting room about how to make a complaint or suggestion.
- Implement a plan of at least two cycle clinical audits to monitor quality outcomes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not carry out any periodic reviews of incidents to identify any trends to prevent reoccurrence.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However, safeguarding registers had not been updated and were not always coordinated to include other family members.
- The practice had arrangements to respond to emergencies and major incidents. However, there were only nebuliser masks available and no oxygen masks suitable for response to all medical emergencies. The oxygen cylinder was not secured and there was no safety signage or information displayed at the entrance of the premises to alert fire services that oxygen was stored on the premises. Some syringes/needles contained in the emergency equipment store were out of date and there was no system to monitor expiry dates for this equipment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients we spoke with and information from Care Quality Commission patient comment cards we reviewed indicated that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Urgent appointments were available the same day.
- The practice regularly audited its appointment systems to ensure the practice was meeting patient demand and offered more GP and nurse appointments than required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in a patient information leaflet. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- There were arrangements in place to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

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 as good for the care of older people.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice had a gold access card scheme to provide a telephone number for patients who required rapid access.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients on ten or more medications had regular medication reviews with the GP and a pharmacist.
- Patients with chronic obstructive pulmonary disease were given a purple card with a check list of symptoms that if patients developed were advised to contact the practice.

Good



Families, children and young people

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

Good



Summary of findings

- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.
- The practice had emergency processes for acutely ill children and young people.
- All staff had received safeguarding children training relevant to their role.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours appointments on a Tuesday evening until 8pm.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice provided GP services for homeless patients and patients in nearby hostels.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations
- The practice had an in house counselling service.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards, of which 44 were positive about the standard of care received. Four comment cards highlighted four separate concerns; the length of time beyond their allocated appointment to be seen, ability to secure an appointment if called the practice at 8am, not happy with the care received and no disabled parking facility.

We spoke with two patients during the inspection. They were very satisfied with the service and care they received.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from January to June 2017 from 23 responses, showed that 22 patients were either extremely likely or likely to recommend the practice, and one was unlikely to recommend the practice.

Hamilton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Hamilton Medical Centre

Hamilton Medical Centre is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 2,366 patients living in Birkenhead, Wirral. The practice is training and teaching practice managed by individual male GP and has two sessional GPs (one male, one female) and also has a salaried GP (male). There is an advanced nurse practitioner, a nurse practitioner and a practice nurse. There is a practice manager and a team of administration and reception staff. Hamilton Medical Centre holds a General Medical Services (GMS) contract with NHS England.

The practice is open during the week; between 8am and 6.30pm. The practice offers extended hours on a Tuesday evening until 8pm. Patients can book appointments in person, online or via the telephone. Patients can access the Out-of-Hours GP service by calling NHS 111. The practice provides telephone consultations, pre bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG). The practice is situated in an area with high deprivation and has a high proportion of homeless patients compared with other practices in the area.

The practice carries out minor surgery but they were not registered with us to carry out this regulated activity. This was addressed during the inspection.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)

Detailed findings

- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 14 June 2017.

- Spoke to staff and two representatives of the patient participation group.
- Spoke to a mental health nurse and clinical nurse specialist for the homeless on the Wirral.
- 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

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out a thorough analysis of individual significant events. However, the practice did not carry out any periodic reviews of incidents to identify any trends to prevent reoccurrence.
- There was a system to cascade information for some patient safety alerts but not for drugs updates. This was addressed during our inspection.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- However, safeguarding registers had not been updated and were not always coordinated to include details of other family members.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. There had been annual audits.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety. The premises management carried out fire risk assessments and a new fire alarm system had recently been installed.
- Other risk assessments to monitor safety of the premises were also carried out, such as control of

Are services safe?

substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training.

- The practice had a defibrillator available on the premises and oxygen. However, there were only nebuliser masks available and no oxygen masks suitable for response to all medical emergencies. The oxygen cylinder was not secured and there was no safety signage or information displayed at the entrance of the premises to alert fire services that oxygen was stored on the premises. Some syringe's/needles contained in the emergency equipment store was out of date and there was no system to monitor expiry dates for this equipment.
- A first aid kit and accident book was available.
- Emergency medicines were available and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan for major IT and power failure incidents only. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidelines were discussed at staff meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had achieved over 99% of the total points available (2016-2017).

There was a system to recall patients at appropriate intervals. All staff had an allocated responsibility to manage specific patient conditions on a monthly basis to ensure patients were recalled to have appropriate health checks and medication reviews.

We saw evidence of some clinical audit work but these were mainly single audits which had not yet been revisited to demonstrate any improvements. Audits included, antibiotic prescribing and anticoagulant use.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had locum GPs and there was a comprehensive induction pack available.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice worked closely with the mental health services in particular for their homeless patients. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Consent to care and treatment

GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidance for children.

The practice used consent forms when necessary.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and sign-posted them to relevant services. In addition, the practice had its own in house counselling service.

Are services effective?

(for example, treatment is effective)

The practice offered NHS health checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Care Quality Commission comment cards we received were generally positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients from the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

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

The practice provided facilities to help patients be involved in decisions about their care for example; interpretation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them by sending them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, which included a hearing loop, and interpretation services available. However, there was no car park available.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. The practice offered extended hours on a Tuesday evening until 8pm.

We spoke to a mental health nurse and clinical nurse specialist for the homeless on the Wirral. They confirmed that homeless patients in the area could easily register at the practice and feedback they received about the standard of care received was positive.

The practice regularly audited its appointment systems to ensure the practice was meeting patient demand and offered more GP and nurse appointments than required.

The practice operated a card access scheme. Patients who were on end of life care were written to by a designated member of staff who acted as a care coordinator and given a gold card with a direct line for accessing appointments along with telephone numbers of other services they may require.

Patients who had chronic obstructive pulmonary disease were given a purple card instructing patients to call the practice on a dedicated telephone number if they experienced symptoms listed on the card.

In addition, the practice recognised that there were a group of patients who were at higher risk of being admitted to A&E and these patients were given a green card with a direct telephone number.

The practice had a triage system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Individual complaints were discussed at staff meetings but there was no periodic review of all complaints to identify any trends to prevent reoccurrence.
- Information about how to make a complaint was available in a practice information leaflet but not displayed in the waiting room.

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

The practice had a business development plan and their mission statement was 'to improve the health, well-being and lives of those we care for'. The practice had a clear vision to deliver high quality, compassionate and effective patient focused care. Staff we spoke with were engaged in the process of continuous improvement to deliver high standards of care.

Governance arrangements

Governance arrangements included::

- A clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous internal audit was used to make improvements in the appointment systems to improve patient access. We saw evidence of some clinical audit work but these were mainly single audits which had not yet been revisited to demonstrate any improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had suggested displaying the amount of failed appointments to increase patient awareness.
- The NHS Friends and Family test, complaints and compliments received.
- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was aware of the challenges it faced especially in terms of patient access and demand and was looking to recruit an additional GP and they were also part of the local GP federation.