

Genix Healthcare Ltd

# Genix Healthcare Dental Clinic – Alnwick

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 20 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Genix Healthcare Dental Clinic – Alnwick was established in 2010 as part of the Genix Healthcare Ltd group of practices. Situated in a business park, the purpose-built practice provides predominantly NHS treatment to patients of all ages. There are four treatment rooms, a ground floor reception, two waiting areas, two decontamination rooms for sterilising dental instruments, a staff kitchen and a general office. Ample car parking is available in front of the practice itself and within the entire business park. Access for wheelchair users or pushchairs is possible via the ramp outside and within the entire ground floor.

The practice is open Monday to Thursday 0800-2000, Friday 0900-1700 and Saturday 1000-1600.

The dental team is comprised of four associate dentists, six dental nurses (one being the senior lead) and two receptionists.

# Summary of findings

The practice provides general dentistry and is recruiting a fifth associate dentist who will be delivering conscious sedation within the premises. The two ground floor treatment rooms will be used for this specialist treatment, with one of the rooms being designed and set up as a 'recovery' room for patients to recover fully following the sedation procedure.

The Genix healthcare limited company is the registered provider. A registered provider has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice has recently appointed a practice manager (who is currently the practice manager of another Genix dental practice within the region) and an application to be a registered manager for the premises has been initiated.

We reviewed four Care Quality Commission (CQC) comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

## Our key findings were:

- The premises was visibly clean and free from clutter.
  - An infection prevention and control policy was in place and sterilisation procedures followed recommended guidance.
  - The practice had systems for recording incidents and accidents.
  - Practice meetings were used for shared learning.
  - The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
  - Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
  - The practice was actively involved in promoting oral health.
  - Dental professionals provided treatment in accordance with current professional guidelines.
  - Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
  - Patients could access urgent care when required.
  - Patient feedback was regularly sought and reflected upon.
  - Complaints were dealt with in an efficient and positive manner.
- There were areas where the provider could make improvements and should:
- Review the practice's recruitment policy and procedures to ensure that all staff undergo Disclosure and Barring Service (DBS) checks prior to employment.
  - Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
  - Review their practice, health and safety, legionella and fire risk assessments to ensure the action plans are fully implemented and documented when completed.
  - Review practice policies to ensure they are not generic, are dated, regularly reviewed and updated as appropriate.
  - Review the practice's procedures for undertaking staff satisfaction surveys to help improve the quality of service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

No action



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

Infection prevention and control procedures within Genix Healthcare Dental Clinic, Alnwick followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The practice had two interconnecting decontamination rooms (one for sterilising used instruments and one for processing sterilised instruments) going beyond the “essential requirements” from the guidance.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer’s instructions.

Emergency medicines and equipment were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice however we saw that action plans were not completely implemented or documented.

### Are services effective?

No action



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

Dental professionals were involved in promoting oral health and followed guidance from the National Institute for Health and Care Excellence (NICE) and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

### Are services caring?

No action



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

# Summary of findings

We left CQC comment cards for patients to complete two weeks prior to the inspection. There were four responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept in a locked room and computers were password protected.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

## Are services responsive to people's needs?

No action



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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The spacious layout of the ground floor allowed for wheelchair users and people with push chairs to manoeuvre with ease.

Patients had access to telephone interpreter services when required and the practice implemented a range of aids for different disabilities such as a lowered reception desk to allow wheelchair users to be seen, a hearing loop, hand rails, a safety pull cord within the patient toilet and large print leaflets/information sheets if requested.

## Are services well-led?

No action



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

The practice manager was on-site for half the working week and could be contacted via the phone at any time. A senior lead dental nurse was always available on the premises. There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to. We found, however, that several policies were not dated, reviewed or updated. We discussed this with the practice manager and received evidence of updates the next day.

The practice kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. We found staff files did not contain all essential records relating to employment, such as references and Disclosure and Barring Service (DBS) checks.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions however we found there were no formal records of this.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

# Genix Healthcare Dental Clinic – Alnwick

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 20 September 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the area manager, the practice manager, three dentists, three qualified dental nurses (one of whom was the senior lead) and two receptionists.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

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

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

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were two accidents recorded by the practice within the last twelve months and we saw evidence of accurate records being maintained.

Staff meetings take place every month where various aspects of the practice, including any accidents or incidents, are discussed so as to enable staff learning. We saw minutes of meetings from the last 12 months were typed up and reflected a range of subjects being discussed.

The practice manager showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. These alerts were sent to the Genix Healthcare Ltd head office and distributed by the compliance manager to all practice managers. The practice manager explained any relevant alerts would then be discussed during staff meetings.

### **Reliable safety systems and processes (including safeguarding).**

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment in September 2015 and safety disposable needles and syringes were implemented for use in each surgery.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff advised us of their local policy on occupational health assistance.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin sheet -usually made out of latex rubber -which isolates the tooth and protects patients from inhaling or swallowing anything dangerous during root canal treatment.

We reviewed the practice's policy for adult and child safeguarding which contained contact details of the local authority child protection and adult safeguarding teams. Staff told us their practice protocol and were confident to respond to issues should they arise. The practice manager was the safeguarding lead and was undergoing level three training. We saw evidence that all staff had undergone level one or two training as appropriate.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues with the principal dentist without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (April 2016).

### **Medical emergencies**

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies.

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked daily.

# Are services safe?

This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

We saw the practice was storing their Glucagon (used for diabetic emergencies) in the fridge and staff were monitoring fridge temperatures as recommended by the manufacturer's guidance.

## **Staff recruitment**

We reviewed the staff recruitment files for five members of staff to check that appropriate recruitment procedures were in place. We found files held documents including proof of identity, qualifications, immunisation status, indemnity and induction however not all files contained evidence of references from previous employment and of a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. This was brought to the practice manager's attention who advised us that all staff had their DBS updated every three years and an application for these staff members was underway. We were sent evidence of this after the inspection.

## **Monitoring health & safety and responding to risks**

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the the practice risk assessment, health and safety risk assessment and fire risk assessment. These were all reviewed in 2015 however, not all the action plans were implemented or documented. The practice did not, for example, ensure their self-closers were disengaged on their fire doors as their original risk assessment required. The practice manager arranged for a technician to ensure the doors were fully functional shortly after our inspection. We were informed that all risk assessments were reviewed annually and the practice had arranged for this to be carried out within the next two weeks.

We saw the practice kept a detailed Control of Substances Hazardous to Health (COSHH) file which was reviewed every six months. COSHH files are kept to ensure providers retain information about the risks from hazardous substances in the dental practice. We found the practice

kept all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accidents) and risk assessments for all materials as required by the Health and Safety Executive.

The practice had two fire exits; clear signs were visible to show where evacuation points were.

We saw annual maintenance certificates of firefighting equipment including the current certificate from February 2016. The practice also had weekly checks of the alarms, extinguishers, lights and fire signs and six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

We saw the business continuity plan from September 2016 had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

## **Infection control**

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We were told the daily and weekly tests (these ensure the washer disinfectant and sterilisers were in working order) were being carried out by the dental nurses. We saw evidence of this on the inspection day.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

A Legionella risk assessment was carried out in August 2015 which showed the practice had a low risk of Legionella (Legionella is a term for particular bacteria which can contaminate water systems in buildings and a risk assessment quantifies this). The assessment



# Are services safe?

recommended monthly temperature checks were to be implemented; we saw documented evidence of this from January 2016 to present. The assessment also advised the need to have their thermostatic valves serviced; we asked if this had been carried out and staff were unclear. The practice manager took the decision to arrange for an external engineer to inspect this and we saw evidence of this the following day.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

An external cleaning company was contracted to carry out daily environmental cleaning. We observed the practice used different coloured cleaning equipment to follow the National Patient Safety Agency guidance.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for X-ray machines in February 2014 (to be re-serviced in 2017), sterilisation

equipment in September 2015 and Portable Appliance Testing (PAT) in March 2016 (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw the fire extinguishers had been checked in February 2016 to ensure they were suitable for use if required.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

## Radiography (X-rays)

The practice kept a radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification, the local rules and maintenance certificates.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice manager showed us every dentist was undertaking regular analysis of their X-rays through an annual audit cycle however these were not analysed or documented in line with the National Radiological Protection Board (NRPB) guidance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required.

The dentists told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

Dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

### Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

### Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was also confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD); we found not all staff files contained evidence of their CPD and received evidence of this the following day.

### Working with other services

Dentists we spoke with confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

Referral audits were also carried out to ensure referral processes were of suitable standards.

### Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able

# Are services effective?

(for example, treatment is effective)

to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were four responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to the office to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept in a locked store room. Computers were password protected, backed up and passwords changed regularly in accordance with the Data Protection Act.

Staff were confident in data protection and confidentiality principles however some staff did not have any information governance training. We spoke with the practice manager about this and we received evidence of those staff undertaking Information Governance training the following day.

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including patient leaflets, practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

### Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually.

The practice had made reasonable adjustments to prevent inequity for various patient groups. The practice had carried out their own disability access audit in May 2015. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. The practice

implemented a range of aids for different disabilities such as a lowered reception desk to allow wheelchair users to be seen, hand rails and safety cord within the toilet, an induction loop for those with difficulty in hearing and large print leaflets.

### Access to the service

The practice is open Monday to Thursday 0800-2000, Friday 0900-1700 and Saturday 1000-1600. These timings were displayed in their premises, in the practice information leaflet and on the practice website. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received five complaints in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance.

We found several policies were not dated, reviewed or updated. We discussed this with the practice manager and received evidence of updates the next day.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

We looked at the Control of Substances Hazardous to Health (COSHH) file, their practice risk assessment, health and safety risk assessment and fire risk assessment. The practice had dedicated leads and various policies to assist in the smooth running of the practice.

### Leadership, openness and transparency

The overall leadership was provided by the registered provider (principal dentist). The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements.

Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

### Learning and improvement

Clinical and non-clinical audits were apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Audits were carried out by various members of staff. Topics included radiography, infection prevention and control, waiting times, referrals and record keeping audits.

We found X-ray audits were available for all dentists however these were not analysed or documented in line with the National Radiological Protection Board (NRPB) guidance. We informed the practice manager of this and we were reassured this would be addressed.

We found the practice was carrying out six-monthly infection control and prevention audits as recommended by HTM01-05.

Improvement in staff performance was monitored by personal development plans and appraisals. These were carried out on a six-monthly or annual basis.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to seek and act upon feedback from people using the service.

Patients were encouraged to provide feedback on a regular basis through satisfaction surveys. These were collected and analysed by the practice manager every month. We saw a radio was purchased for the upstairs waiting area in response to patients' suggestions.

Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. Survey results were analysed at the Genix head office and distributed to practices for any implementation.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager via the newly implemented suggestion box however there were no formal staff satisfaction surveys. The practice manager had agreed this would be beneficial and would initiate this as soon as possible.