

MASTA Limited

MASTA Travel Clinic – Harrogate

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 17 October 2017 to ask the service the following key questions: are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider MASTA Limited (Medical Advisory Services for Travellers Abroad) head office is based in Leeds. They operate several pharmacy and nurse-led travel clinics located throughout the United Kingdom.

For this inspection we visited the location at MASTA Travel Clinic Harrogate; based at Mowbray Square Medical Centre, Myrtle Square, Harrogate HG1 5AR. It is situated on the edge of Harrogate town centre and has good access to public transport and road links. There are car parking facilities outside the premises. Opening hours of the MASTA clinic are 8am to 4pm Monday, Tuesday, Wednesday, Friday and Saturday. Thursday opening hours are 11am to 7pm.

Summary of findings

MASTA Travel Clinic Harrogate is located on the ground floor of a purpose-built health centre. They have access to one consulting room and a reception/client waiting area. Disabled access to the building and toilet facilities are available for clients.

The service provides pre-travel assessments, travel vaccinations and travel health advice. Consultations are charged either direct to the client or through the Yorkshire Health Network, as appropriate. Treatment and intervention charges vary, dependent upon what is provided. The clinic is also a registered Yellow Fever vaccination centre. MASTA Travel Clinic Harrogate has a service level agreement with a local federation of 12 GP practices (Yorkshire Health Network). This is to provide travel health services to the patients of those GP practices on their behalf. Some free of charge NHS travel vaccinations are available to Yorkshire Health Network patients if applicable; after risk assessment and subject to availability. At the time of our inspection approximately 80% of clients seen at the Harrogate clinic were referred via the Yorkshire Health Network of GP practices.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Occupational health related services, which MASTA Travel Clinic Harrogate may provide to clients under a contractual arrangement through their employer or government department, are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

The clinical team consists of five part-time travel health nurse advisors; all of whom are female. There is a receptionist, who is employed by the Yorkshire Health Network. The clinicians are supported by a range of departmental staff who are based at the head office in Leeds. This includes access to the general manager, medical lead and pharmacy staff.

A travel health nurse advisor at the location is the CQC registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There was an open and transparent approach to safety.
- There was analysis of reported incidents and complaints which supported improvements in service delivery and customer satisfaction.
- Governance and risk management processes were comprehensive and supported the delivery of quality care. All staff had access to policies.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection. Comprehensive cleaning checklists were completed on a monthly, quarterly and annual basis.
- Vaccines, medicines and emergency equipment were safely managed. There were clear auditable trails relating to stock control.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Consultations were comprehensive and undertaken in a professional manner.
- The service encouraged and valued feedback from patients and staff.
- There was a clear leadership structure. Members of the management and clinical teams were accessible and supportive.
- They had good links with local GP practices known as the Yorkshire Health Network.

There was an area where the provider should make improvements:

- Reassure themselves that the defibrillator they have access to is checked and in good working order.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found an area where improvements should be made relating to the safe provision of treatment. This was because, at the time of inspection, the provider had not assured themselves that the defibrillator they had access to was checked and in good working order.

- There was a comprehensive system in place for reporting, recording and investigating incidents. Lessons were shared to make sure action was taken to improve safety.
- There were systems and processes in place to safeguard clients and staff from abuse.
- Risk management processes were undertaken at both a local and corporate level.
- There were effective arrangements in place for the management of vaccines and medicines.
- The clinic had arrangements in place to respond to medical emergencies. All staff had received basic life support training and had an understanding of what to do in a medical emergency.
- Staff had access to a defibrillator, which was held within the health centre. MASTA staff did not have direct responsibility for checking the equipment.

Are services effective?

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

- Staff were aware of current evidence based guidance and had access to the most up to date information.
- A comprehensive travel assessment was undertaken prior to recommending or administering treatments.
- Staff had the skills and knowledge to deliver effective treatment and advice. Staff were extensively trained in travel health related issues.
- Staff demonstrated they understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- They had a contractual arrangement with local GP practices, known as the Yorkshire Health Network, to provide travel health services to patients of those practices.

Are services caring?

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

- We saw that staff treated clients with dignity and respect, whilst maintaining patient information confidentially.
- Clients were involved in decisions about their care and treatment.
- Clients were given a longer appointment for their first consultation.
- All of the client feedback we saw was positive about the service they had experienced at the Harrogate location. Staff were described as being friendly, caring and putting clients at their ease.

Are services responsive to people's needs?

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

- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was identified on the website, service leaflet and also when contacting the service direct.
- Clients were positive about access to the service and appointments.

Summary of findings

- The service provided travel health advice in a timely manner to support clients' decisions regarding their travel arrangements.
 - After consultation, clients received a personalised travel health brief, which detailed any additional health risks of travelling to their destinations as well as the vaccination requirements.
 - Information about how to complain was available at the clinic and on the MASTA website. Learning from complaints was shared with staff.
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Are services well-led?

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

- The service had a comprehensive governance framework which supported the delivery of quality care. This included an organisational overview of policies, incidents, complaints and areas of risk.
 - There was a clear leadership structure and staff said they felt supported by management.
 - There was a culture of openness and honesty.
 - Feedback was proactively sought from clients and staff.
 - There was a focus on continuous learning and improvement at all levels.
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MASTA Travel Clinic – Harrogate

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at MASTA Travel Clinic Harrogate on 17 October 2017. Our inspection team was led by a CQC inspector and was supported by a nurse specialist advisor and a second CQC inspector. There was also access to telephone advice from a member of the CQC medicines team.

Prior to this inspection we gathered information from the provider from a pre-inspection information request. Whilst on the inspection we interviewed staff and reviewed key documents, policies and procedures in use by the service.

During the inspection we:

- Spoke with travel health nurse advisors and a receptionist.

- Observed communication and interaction between staff and clients face-to-face.
- Reviewed clinical templates used with clients.
- Spoke with two clients who used the service.
- Reviewed CQC comment cards where clients shared their views of the service.

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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations. There was one area where the provider should make improvement:

- Reassure themselves that the defibrillator they have access to is checked and in good working order.

Reporting, learning and improvement from incidents

We reviewed the systems in place for reporting and recording incidents and near misses. There had been three incidents reported in the previous 12 months (one of which was also reported as a complaint). We looked at the incident summary, which contained anonymised details of incidents reported, investigations, actions and learning to be shared across the organisation.

Investigations were undertaken at a local level, using a root cause analysis framework. Information was escalated to MASTA head office, where all incidents were also reviewed and monitored. There was analysis of themes, trends and number of incidents across all locations to support any identified changes in processes or service delivery. Meetings were held at both local and corporate level and we saw that learning from incidents was disseminated to staff. Any changes in processes were also reviewed to monitor effectiveness. Only when the organisation was satisfied that actions had been completed or the issue resolved, would the incident be closed.

Staff were able to demonstrate their understanding and responsibility regarding raising concerns.

Reliable safety systems and processes (including safeguarding)

The clinic had comprehensive systems, processes and practices to keep people safe and safeguarded from abuse. Relevant legislation and local policies and procedures were accessible to staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a client's welfare. In addition, staff had access to national contact details in the event of any safeguarding concerns.

There was a nominated safeguarding lead at both local and corporate level. All staff had received training on adult and child safeguarding; the travel health nurse advisors had been trained to level three. There was a corporate Caldicott Guardian in place and the medical lead had a safeguarding

responsibility for all locations. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information-sharing.)

Medical emergencies

The clinic had arrangements in place to respond to medical emergencies. All staff had received basic life support training and had an understanding of what to do in a medical emergency. Emergency medicines to be used in cases of anaphylaxis were safely stored in the consulting room. (Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to.) There was also access to an oxygen cylinder with adult and children's masks. We saw records to show that emergency medicines and equipment held at the MASTA location were checked on a regular basis.

We saw a risk assessment to support MASTA's decision not to have their own defibrillator. However, they did have access to a defibrillator located on the ground floor of the health centre. At the time of inspection, we were informed that MASTA staff did not have direct responsibility for checking the equipment and that it was checked by staff employed at the medical centre. However, MASTA staff were unsure where the records of those checks were kept. It was subsequently confirmed that records were kept within the reception areas of the medical centre. We saw that the defibrillator was in good working order and saw the records which evidenced regular checks of the equipment.

Staffing

Staff across all MASTA locations were recruited using a standard framework. We saw the recruitment policy, induction programme, mandatory training plan and appraisal form. Newly recruited staff undertook a programme of induction, which included shadowing other travel health nurse advisors in clinics, and assessments of their own consultations.

All staff personnel/recruitment files were stored at the head office in Leeds and not at local clinics. We saw evidence that, prior to employment, appropriate recruitment checks were carried out. For example, proof of qualifications, registration with the appropriate professional body, proof of identity, references and Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from

Are services safe?

working in roles where they may have contact with children or adults who may be vulnerable). The provider's policy stated that two yearly DBS checks were to be undertaken on all staff. We saw evidence to support this.

All the nursing staff based at the Harrogate location were qualified and registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. All nurses were supported to undertake revalidation. Revalidation is the process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council (NMC), which allows them to practise.

We saw training records which showed that staff were up to date with mandatory training, such as fire safety and basic life support. Staff also received regular in-house bespoke training and updates appropriate to their role.

Monitoring health & safety and responding to risks

Staff had undergone health and safety training and had access to the relevant policies, which related to monitoring and managing risks to patient and staff safety. Any risks identified by MASTA staff were shared with head office. These were then acted on appropriately and actions recorded. Any risks relating to the building itself were communicated to the facilities manager of the premises. Records were kept to monitor when those risks had been reduced.

The provider had indemnity arrangements in place to cover potential liabilities which may arise.

Infection control

There was an infection prevention and control (IPC) policy in place and all staff had been trained in this area. A travel health nurse advisor was the IPC lead for the clinic and was supported by a governance team based at head office. We saw audits relating to IPC, which identified any actions and dates for completion.

Nursing staff took responsibility for ensuring the consulting rooms and waiting area were of a good standard of cleanliness and hygiene. We saw records of monthly, quarterly and annual checklists the nurses used to record any areas of concern. There was access to handwashing facilities in the consulting room. The contract for general

cleaning of the premises was part of the sub-letting arrangement within the health centre. Any concerns regarding cleaning were raised with the facilities manager for the premises.

There were arrangements in place for clinical waste disposal. There were effective arrangements in place to meet the Control of Substances Hazardous to Health (COSHH) requirements. We saw that a legionella risk assessment had been undertaken, and appropriate processes were in place to prevent contamination. Legionella sampling had been carried out, which had identified no contamination. (Legionella is a bacterium which can contaminate water systems in buildings.)

Premises and equipment

MASTA Travel Clinic Harrogate is located on the ground floor of a purpose-built health centre. There is a separate reception/client waiting area which is screened off from the rest of the health centre. Disabled access to the building and toilet facilities are available for clients. There is one consulting room, which contains a sink for hand washing and the necessary equipment to deliver treatment and care to clients.

All electrical equipment was tested to make sure it was safe to use. Clinical equipment was checked to ensure it was calibrated and in good working order. There was a fire evacuation plan displayed and firefighting equipment was available.

Safe and effective use of medicines

There were arrangements in place for managing medicines, including obtaining, prescribing, recording, handling, storing and security. The service had policies and standard operating procedures relating to travel health.

There were patient group directives (PGDs) and patient specific directives (PSDs) in place to support safe administration of vaccines and medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.) All PGDs and PSDs were written up by the medical team

Are services safe?

and the pharmacy team signed them off. They were then distributed electronically. Staff were not able to sign the document until they had read it through. All were signed individually and a copy sent to head office.

A programme of audit was undertaken in relation to medicines, to ensure that administration and prescribing were carried out in line with best practice guidance. There was evidence of clear recording on client records when a vaccine or medicines had been administered.

Medicines and vaccines were stored securely and appropriately. Vaccine fridge temperatures were monitored

and recorded twice a day. The fridge also had an internal 24 hour electronic thermometer. This was downloaded onto the computer and could show if there had been any temperature anomalies when the clinic was closed. We saw evidence of a cold chain audit which was undertaken on an annual basis.

All medicine and healthcare alerts were monitored, actioned and cascaded to staff for information by the clinical governance team at head office. These included details of any potential or actual shortages of vaccines.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Staff were aware of relevant and current evidence based guidance and standards. The organisation had systems in place to keep all staff up to date. The central MASTA team issued a Travel Health Brief, whereby all information from relevant sources, such as Public Health England and the National Travel Health Network and Centre (which is commissioned by NHS England), was co-ordinated into one place. This supported ease of access and the most up to date information being available to support staff in delivering care and treatment to meet clients' needs.

A longer appointment was given for a client's first consultation, during which a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, including any stopovers, any previous medical history, current medicines being taken and previous treatments relating to travel. A tailored treatment plan was then devised for each client. This contained which medicines/vaccines had been administered or recommended and health advice, including areas of concern relating to specific areas of travel. For example, a high risk of malaria or a disease epidemic.

A programme of clinical audit was undertaken. Data was collated from all MASTA locations and used in audit. This supported an effective method of monitoring what was happening across the organisation. Shared learning was cascaded to all staff. Monitoring of improvements was done at a local and organisation level. We saw several audits which demonstrated an improvement in the quality of client treatment and advice. For example, an audit regarding yellow fever vaccination had shown an improvement in the documentation of discussions held with clients relating to vaccine and age risk; from 71% to 92% and from 37% to 84% respectively. Training had been undertaken with staff after the initial audit. However, the organisation aspired to a 100% rate and further refresher training had been arranged.

Staff training and experience

There was a comprehensive induction programme for newly appointed staff. This incorporated a course on travel health, shadowing of other travel health nurse advisors and competency assessments.

The nurses had all received comprehensive training relating to their roles, specifically regarding travel health and vaccinations. They received regular updates and had access to the most up to date travel health information. All staff were up to date with mandatory training such as safeguarding, infection prevention and control, fire safety, health and safety awareness and confidentiality. Training and development needs were identified through appraisals, meetings and service development. The travel health nurse advisors were supported to undertake a diploma in travel health. In addition, they were given a least one day per year for personal development.

Nurses were supported with their revalidation to remain on the Nursing and Midwifery Council (NMC) register. The organisation had a system in place to monitor the professional registration of the nurses they employed.

Working with other services

As part of the initial health check prior to treatment offered, clients were asked if they had recently undergone any treatment, such as chemotherapy, or had a medical condition which may cause immunosuppression. In instances where this was confirmed, consent would be sought from the client for the service to consult with their GP or consultant before any treatment would be administered. The outcome would be recorded in the client's notes. This co-ordination of treatment was particularly important when giving live vaccines to clients.

Outside of the client consultations, the service worked with other travel and health organisations to ensure they had the most up to date information.

MASTA Travel Clinic Harrogate had a contractual arrangement with Yorkshire Health Network (a local federation of 12 GP practices). This was to provide travel health services to the patients of those GP practices on their behalf. Some free of charge NHS travel vaccinations were available to Yorkshire Health Network patients if applicable; after risk assessment and subject to availability. Regular meetings were held between staff and the manager of the Yorkshire Health Network to support any improvements to service delivery.

Consent to care and treatment

Staff understood the relevant consent and decision making requirements, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

All clients were asked for consent prior to any treatment being given. Verbal consent was recorded on the client's record. We were informed that treatment was not undertaken without a client's consent.

There was a specific consent form for those clients who accessed the service via the Yorkshire Health Network. This

allowed the sharing of appropriate information between MASTA clinic and the client's GP, to enable records to be updated accordingly. We saw evidence that consent forms were completed fully, appropriately signed and scanned into the patient's record.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff were respectful and courteous to clients and treated them with dignity and respect. The nurses went into the waiting area to call a client through to the consulting room. We noted that consultation room doors were closed during consultations and telephone calls and conversations could not be overheard.

All of the client feedback we saw was positive about the service they had experienced. Staff were described as being friendly, caring and putting clients at ease.

Involvement in decisions about care and treatment

Clients we spoke with on the day confirmed they were involved in decisions about their treatment.

Information was given about treatments available and the client was involved in decisions relating to this. We saw evidence that discussions about procedures and outcomes were recorded in clients' records. Written information was available to describe the different treatment options available. At each appointment clients were informed which treatments were available at no cost through the NHS.

Clients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.

Staff told us that although the number of non-English speaking patients was very low, interpreter or translation services could be made available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information was available on the MASTA website, informing prospective clients of the services provided.

The initial appointment was via a telephone consultation with a travel health nurse advisor. If any treatment was recommended a face to face appointment was then booked at a clinic suitable to the client. Clients were verbally advised to bring details of any relevant medical conditions or treatments and previous vaccination records. A follow-up email to confirm the information and appointment details was also sent to the client.

After consultation, clients received a personalised travel health brief, which detailed any additional health risks of travelling to their destinations as well as the vaccination requirements. The travel health brief also included general tips and health advice for travellers and identified the prevalence of diseases in areas of the world.

The MASTA organisation had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to clients in those circumstances.

In addition to travel vaccines, the service was able to dispense anti-malarial medication through the use of PDGs/PSDs. Other travel related items, such as water purification products, were also available for clients to purchase.

Tackling inequity and promoting equality

Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was identified on the website, service leaflet and also when contacting the service direct. Any consultation fees for clients from Yorkshire Health Network were charged direct to the client's GP.

The number of non-English speaking clients accessing the service was extremely low, however there was access to translation services should the need arise. We were informed that pictorial cards were being developed to support those clients who may have some language difficulty. These would be cascaded across all MASTA locations.

Access to the service

MASTA Travel Clinic Harrogate was located on the ground floor of a purpose-built health centre. They had access to one consulting room and a reception/client waiting area. Disabled access to the building and toilet facilities were available for clients. There was car parking outside the premises.

Opening hours of the service were 8am to 4pm Monday, Tuesday, Wednesday, Friday and Saturday. Thursday opening hours are 11am to 7pm. Clients could book an appointment online or via the telephone. The majority of appointments were bookable in advance only. However, we were informed that priority appointments were available in urgent circumstances.

On a scale of zero to ten (zero being very poor and ten excellent), the MASTA customer survey showed clients rated the service as follows:

- How easy was it to make an appointment – average 8.6
- How convenient were the appointment times – average 8.3
- How prompt was the time of appointment – average 9.2

Concerns & complaints

There was a process for dealing with concerns and complaints. Information was available which detailed the process and timescales; should clients wish to make a complaint.

All complaints were directed to head office. Information regarding verbal and written complaints was collated by head office from all locations. This enabled audit of consistency and themes, which could result in changes across the organisation. If a complaint was made to head office, this would be investigated at that level and information cascaded down to the location involved. Any negative feedback obtained through the client survey or feedback forms was also followed up.

Any areas of concern which related to clients from the Yorkshire Health Network were discussed with the manager of that network. Records were kept of any actions or shared learning.

Are services responsive to people's needs?

(for example, to feedback?)

We reviewed the one complaint which had been received in the preceding 12 months. This had also been recorded on the incident reporting system. We saw that the complaint had been investigated and responded to appropriately and in line with the organisation's policy

Are services well-led?

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

Our findings

Governance arrangements

MASTA Limited had an overarching governance framework, which supported strategic objectives, performance management and the delivery of quality care. This encompassed all MASTA Travel Health Clinics and ensured a consistent and corporate approach.

Policies, procedures and standard operating procedures were developed and reviewed at organisation level. These were cascaded and implemented in the network of MASTA clinics. Staff had access to these and used them to support service delivery.

We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording. There were dedicated MASTA complaint and incident review meetings held every quarter.

There was a comprehensive understanding of both local and organisational performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.

Leadership, openness and transparency

There was a clear organisational leadership, management and staffing structure. There was a range of departmental staff based at head office, which included the Medical Director, Human Resources Manager, Education Lead Nurse and General Manager.

There was evidence of a range of minuted meetings held at both a local and wider organisational level. Minutes were comprehensive and available for staff to review.

Staff said the culture of the organisation was one of openness and they were encouraged to raise any issues, concerns or ideas for improvement. They felt supported both locally and at an organisational level by administration, managerial and clinical staff.

Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. (This means that people who used services were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence.)

Learning and improvement

There was a focus on ensuring staff had the knowledge and skills to undertake their role. There was a programme of training for staff to access. Staff were encouraged to develop and improve their knowledge. For example, to undertake a diploma in travel health. Dedicated time was made available for staff to participate in learning events.

We saw evidence of analysis of clinical audits, significant events and client feedback. These were used to support improvements in service delivery and client satisfaction.

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

The service encouraged and valued feedback from clients and staff.

After each consultation the client was asked to complete a satisfaction survey. There was also a 'how did we do' feedback form and box in the waiting area. Each quarter the results were compiled and analysed to identify any themes or areas for improvement. We were informed of changes that had been made to the waiting area as a result of client feedback.

Feedback from staff was gathered through meetings and informal discussions. Changes had been made as a result of staff feedback, for example the central signing system for PGDs had arisen from a suggestion made by a member of staff.