

Worthy Down Dental Centre

Worthy Down, Winchester SO21 2RG

Defence Medical Services inspection report

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 given to us by the practice and patient feedback about the service.

Are services safe?	No action required	✓
Are services effective?	No action required	✓
Are services caring?	No action required	✓
Are services responsive?	No action required	✓
Are services well led?	No action required	✓

Contents

Summary.....	3
Are services safe?.....	6
Are services effective?.....	10
Are services caring?.....	13
Are services responsive?.....	14
Are services well led?	16

Summary

About this inspection

We carried out an announced comprehensive inspection of Worthy Down Dental Centre on 26 April 2023.

As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with the Care Quality Commission's (CQC) inspection framework.

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare regulator for the DMS.

Background to this practice

Located in Winchester, Worthy Down Dental Centre is a 4-chair practice providing a routine, preventative and emergency dental service to a military population of approximately 1,372 service personnel. This is broken down into both permanent staff and Phase 2 students from all 3 services.

The dental centre is open Monday to Thursday 07:45-16:45 hours and on Fridays from 07:45-13:15 hours.

Out-of-hours (OOH) arrangements are in place through a duty dental officer who is contactable 24 hours a day 7 days a week. This duty rotates around the London and South Region for Dental Officers and nurses. Emergency OOH is provided by the duty Dental Officer.

The staff team at the time of inspection

Senior Dental Officer	1
Civilian dentist	2
Dental nurses	2 (1 vacancy)
Dental hygienist	1
Practice manager	1

Our Inspection Team

This inspection was undertaken by a CQC inspector, a dentist and a dental nurse. In addition, 2 new specialist advisors shadowed the inspection.

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the Senior Dental Officer, practice manager, hygienist and 2 dental nurses. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We checked the building, equipment and facilities.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment. Staff took care to protect patient privacy and personal information.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Local systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults.
- The cleaning regime at Worthy Down Dental Centre was not adequate for the size of the practice and was not in keeping with Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05).
- Appraisals and required training for staff were up-to-date, and staff were supported with continuing professional development.
- Clinicians provided care and treatment in line with current guidelines. An audit calendar was in place.
- Leadership at the practice was inclusive and effective. The team worked well together and staff views about how to develop the service were considered.
- An effective system was in place for the management of complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- The staffing establishment was not sufficient for the size of the patient population and affected full care delivery and difficulty for patients trying to contact the dental centre. The team had to work in a smart way and efficient way to ensure patient care was not unduly impacted.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.

The Chief Inspector recommends to DPHC

That a baseline health needs assessment is undertaken to ensure staffing levels are adequate at all times to meet patient need and ensure sustainability of the governance requirements for the practice.

The Chief Inspector recommends to the practice:

Ensure arrangements are put in place to secure a cleaning contract that is fit for purpose and once this is embedded continue to monitor its effectiveness.

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

All staff had a log-in to the Automated Significant Event Reporting (ASER) DMS-wide system to report incidents and significant events. Staff were clear in their understanding of the types of events that should be reported through the ASER system, including accidents, near misses and never events. An ASER register was maintained and reported incidents were discussed at the practice meetings. The register showed 1 significant event was reported in 2022.

Staff accidents were reported via the Defence Unified Reporting and Lessons System (referred to as DURALS). Staff had a good understanding of the types of incidents that met the criteria for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (referred to as RIDDOR) and how to report such incidents. A RIDDOR poster was also displayed for staff to refer to.

A process was in place to monitor and share with the staff team national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority and the Department of Health Central Alerting System (CAS). The practice manager was registered for the CAS website. In addition, alerts were received through the regional 'Direction and Guidance' bulletin and discussed at the practice meetings.

Reliable safety systems and processes (including safeguarding)

The safeguarding lead was the Senior Dental Officer (SDO). All members of the staff team had completed safeguarding training at a level appropriate to their role. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their age or circumstances.

The dentist was always supported by a dental nurse when assessing and treating patients. Every clinical room within the dental centre had an alarm to call for help if required in an emergency and they were tested regularly.

Staff were aware of how to raise concerns through whistleblowing processes. Whistleblowing and Freedom to Speak Up information was displayed at the practice.

The dentists routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and for Aerosol Generating Procedures (AGPs) due to COVID-19. Floss ligatures (to secure the dam clamp) were used with the support of the dental nurse. A split dam was used if required. Rubber dam usage was mandated for endodontics (root canal treatment) and used for routine restorations where necessary.

The business continuity plan was reviewed in January 2023. The plan included staff shortages, loss of power, adverse weather conditions and loss of compressed air. The

Are Services Safe? Worthy Down Dental Centre

plan was recently instigated when due to staff shortages and assistance was received from a local dental centre.

Medical emergencies

All staff were aware of medical emergency procedure and knew where to find medical oxygen, emergency drugs and equipment. The team completed basic life support, cardiopulmonary resuscitation and automated external defibrillator training annually. Simulated emergency scenarios were regularly undertaken, the most recent being in April 2023 and included how to safely administer oxygen and recognising the deteriorating patients.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training. Staff were aware of the signs of sepsis and had completed training. We saw sepsis management protocols were located in and around the dental centre.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed in line with organisational policy.

Monitored by the practice manager, a register was maintained of the registration status of staff with the General Dental Council, indemnity cover and the relevant vaccinations staff required for their role.

Monitoring health & safety and responding to risks

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risks were up-to-date. The risk register was a standing agenda item at the practice meetings.

A range of risk assessments were in place including assessments relevant to the premises, staff and clinical care. A general COVID-19 risk assessment had been completed.

The unit responsible for health and safety carried out an annual assessment and this was last done in February 2023. The 5-yearly fire risk assessment was undertaken in 2022. The fire system was checked each week. A fire marshal was identified for the building. Staff were up-to-date with fire training and a fire evacuation drill was conducted in February 2023.

Control of Substances Hazardous to Health (COSHH) risk assessments and data sheets were available in paper and electronic formats. The risk assessments were reviewed annually or if there was a change of product. They were last reviewed in May 2022. COSHH products were stored securely and COSHH risk assessments were available.

Are Services Safe? Worthy Down Dental Centre

The most recent legionella risk assessment for the building had been undertaken in July 2022. Staff flushed through all taps in the building every week. The sentinel water outlets (nearest and furthest outlets from hot and cold-water tanks) were checked each month by the property management team. There were no records evident. Staff told us the dental centre was given no formal assurances by the property team that the temperatures were in the correct range to minimise the risk of Legionella in the water system. To mitigate risks, the dental centre flushed through all the taps on a weekly basis and these checks were recorded. We discussed that it would be more efficient if the station's records were automatically sent to the practice.

In response to COVID-19, the practice worked to the Defence Primary Healthcare (DPHC) standard operating procedure (SOP), 'Infection Prevention and Control for Respiratory Infections (including SARS-CoV-2) in DPHC dental settings (February 2022)'. Testing for COVID-19 was undertaken regularly by all staff if they had symptoms. Information about the virus was displayed around the building. Hand sanitiser was provided throughout the building and the practice had a stock of personal protective equipment for use by both staff and patients.

The practice followed relevant safety laws when using needles and other sharp dental items. Sharps boxes were labelled, dated and used appropriately. The local risk assessment and protocol for the management of sharps and needle stick injuries was displayed in clinical areas. All staff had received training in the management of sharps.

Infection control

One of the dental nurses was the lead for infection prevention and control (IPC) and had the skills and experience for the role. The local IPC policy took account of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. The staff team was up-to-date with IPC training. IPC audits were undertaken twice a year, the last being completed in January 2023.

Decontamination of dental instruments took place in the Central Sterile Services Department (CSSD). Sterilisation was undertaken in accordance with HTM 01-05. Validation checks were in place to monitor that the ultrasonic baths and autoclaves were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were routinely checked by staff: we saw that the sterilisation use-by-date was in place and we did not note any out-of-date items. Flow and processes were in accordance with best practice and Defence Primary Healthcare policy.

Environmental cleaning was carried out by a contracted company only once a day, instead of twice a day as stated in HTM 01-05; all clinical areas should be mopped twice a day. The practice had no access to the cleaning contract so monitoring of cleaning standards was unable to take place. There was no evidence that the contract manager engaged with the practice to monitor the cleaning. The equipment within the cleaning cupboard was not kept as per policy, including the storage and use of the correct mops, and there was no standard operating procedure in regard to cleaning displayed. We were told deep cleaning was done weekly but there were no records to support this. The staff at the dental centre did all they could to monitor cleanliness and cleaned their own clinical areas at the end of the day.

Are Services Safe? Worthy Down Dental Centre

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum. Clinical waste had been audited and bins were stored securely outside the building.

Equipment and medicines

An equipment care policy was in place and displayed on the equipment care board. An equipment log was maintained to keep a track of when equipment was due to be serviced. The compressor, steriliser, ultrasonic bath and X-ray equipment were in-date for servicing. All other routine equipment, including clinical equipment, had been serviced in accordance with the manufacturer's recommendations. Routine portable appliance testing was undertaken regularly and was last done in August 2022. The practice manager informed us that some pieces of equipment had been missed, this equipment had been temporarily quarantined. All equipment held at the practice was latex free.

A system was in place for the management of stock and one of the nurses took the lead for ensuring there was adequate stock. Surplus items and instrument packs were kept securely.

Serialised prescription pads were stored securely and a log maintained. Medicines were stored securely. Medicines requiring cold storage were kept in a fridge. The temperatures of the fridge were checked twice daily in accordance with organisational guidance. Anti-biotic usage was monitored and an audit completed annually.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor were identified for the practice. Signed and dated Local Rules were available in the surgery along with safety procedures for radiography and the Health and Safety Executive notification. Evidence was in place to show equipment was maintained in accordance with manufacturer's instructions.

Staff requiring Ionising Radiation Medical Exposure Regulations (referred to as IR(ME)R) training had received relevant updates. Radiology audits were undertaken frequently, the last being in March 2023.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients were assessed in line with recognised guidance, such as National Institute for Health and Care Excellence and Scottish Intercollegiate Guidelines Network and the Scottish Dental Clinical Effectiveness Programme (SDCEP) guidelines. The dentists followed the guidance from the British Periodontal Society regarding periodontal staging and grading; basic periodontal examination - assessment of the gums and caries (tooth decay). They also referenced appropriate guidance in relation to the management of wisdom teeth, considering operational need.

We looked at 10 patients' dental records to corroborate our findings. The records were comprehensive and included information about the patient's current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded and showed that treatment options were discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. Records confirmed patients were recalled in a safe and timely way.

The Senior Dental Officer (SDO) had good knowledge of their patients and of their high deployment status. They adjusted recalls and reviewed these in line with risk and the deployment of personnel. Downgrading of personnel was discussed in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the SDO. The key performance indicator for category 1 patients was 64% which sat below the goal performance of 75%, (category 1 are those patients dentally fit to deploy with minimum risk of dental morbidity for 12 months). This was lower due to the COVID-19 backlog and the current staffing issues being faced within the dental centre. This issue has been raised to Regional Headquarters and staffing issues had been added to the risk register.

Health promotion and prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The dental hygienist carried out the periodontal work in line with the 'Delivering Better Oral Health toolkit'.

The dental AUDIT-C delivery was used to determine alcohol usage. If the audit identified patients at higher risk from increased alcohol consumption then they were encouraged to seek further help and could be offered referral to the medical care, or anonymously through external sources if preferred.

The application of fluoride varnish and the use of fissure sealants were options the clinicians considered if clinically necessary. Equally, high concentration fluoride toothpaste was recommended to some patients. We saw display boards and information for patients. A range of oral health promotion leaflets was available for patients in the waiting area.

Are Services Effective? Worthy Down Dental Centre

Staffing

Worthy Down Dental Centre was not scaled for an administrator or reception staff member. The amalgamation of both, Marchwood and Worthy Down dental centres resulted in an increase in the patient population by approximately 560 personnel. The administrative role sitting within Marchwood was cut in a cost saving measure. With no administrative or reception staff, duties normally undertaken in these roles were carried out by the practice manager, dental nurses or dentists. This has meant clinical output has been forced to be reduced in order to facilitate time out of surgery to achieve non-clinical tasks which are mandatory for the safe and effective running of the dental centre. During times of staff sickness or planned leave, further strain has been placed on the rest of the team as the non-clinical jobs still require completing but with less capacity to do so.

The dental centre had a vacancy for 2 dental nurses with recruitment taking a lengthy amount of time, this had been ongoing for the past 6 months. Currently 1 dentist was unable to work clinically 1 day a week as a dental nurse was unavailable to provide chairside support.

A bespoke induction programme was in place. We looked at the organisational-wide electronic system that recorded and monitored staff training and appraisal. Through this, we confirmed that all staff had undertaken training they were required to complete.

Clinical staff we spoke with were undertaking the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). Staff were aware of the GDC requirements to complete CPD over a 5-year cycle and said they felt supported and were given the opportunity to do so.

Working with other services

The SDO confirmed patients were referred to a range of specialists in primary and secondary care for treatment the practice did not provide. Patients could be referred internally within Defence Primary Healthcare via the Managed Clinical Network for restorative, endodontic, orthodontic, periodontal, prosthetic and minor oral surgery procedures. They could also be referred to secondary care for more complex oral surgery/oral medicine needs. The waiting list was currently 20 weeks at Winchester Hospital. The dentist followed NHS guidelines and the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services.

Staff were aware of the referral protocol in place for suspected oral cancer under the national 2-week wait arrangements. This was initiated in 2005 by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. There was a practice referral log, which was used to track referrals. This was checked regularly to ensure urgent referrals were dealt with promptly and other referrals were progressing in a timely way.

The practice manager attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the practice provided an update on the dental targets and failure to attend rates.

Consent to care and treatment

Patients we spoke with confirmed they were given information about treatment options and the risks and benefits of these so they could make informed decisions. The patient records we reviewed indicated reference to consent was always made, including the taking of verbal consent when undertaking a periodic dental inspection. For more complex procedures, full written consent was obtained.

Clinical staff had received training of the Mental Capacity Act (2005) and how it applied to their patient population. They received regular refresher training and had good awareness of the subject.

Are Services Caring?

Respect, dignity, compassion and empathy

All sources of feedback indicated staff treated patients with kindness, respect and compassion. All 32 comments cards that we received from patients at the inspection included comments about how kind and considerate all staff were.

Anxious patients once identified were given extended appointment times. This enabled the team to provide supportive care that could be delivered at a pace and in a way that enabled the patients anxiety to be addressed. Additionally, patients could be seen by the team in private room in order to help them discuss their issues and concerns in a non-clinical environment.

Access to a translation service was available for patients who did not have English as their first language. Patients were able to request a clinician of the same gender.

A sign was displayed in reception stating that patients could request a chaperone if they wished. Privacy at the reception desk was good with chairs placed away from the reception area. A television was in place in the waiting area providing an additional distraction.

Involvement in decisions about care and treatment

All sources of patient feedback suggested the dentists provided clear information to support patients with making informed decisions about treatment choices. This included verbal explanations and printed information. The SDO talked through treatment options with patients and checked for their understanding. The dental records we looked at confirmed patients were involved in decision making about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

The Senior Dental Officer (SDO) followed appropriate guidance in relation to recall intervals between oral health reviews; typically, they set the recall interval at 12-24 months and adapted this for high-risk patients where required, they also aligned recall intervals dependant on patient's deployment status. Periodontal patient recalls were aligned to clinical assessments at 3-6 months depending on risk.

Emergency appointments slots were available each day. Feedback from patients suggested they had been able to get an urgent appointment with ease but that routine appointments were difficult to book or cancel due to lack of staff at reception or available to answer the phone.

At the time of the inspection, the waiting time for a periodic dental inspection or check-up appointment was 2 weeks. The waiting time to see the hygienist was 1 month.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in March 2023. The building was equipped to meet the needs of patients who used a wheelchair. Staff had received training in diversity and inclusion.

Access to the service

The opening hours of the practice were displayed in the premises, recorded on the answer phone message and available in the practice leaflet. Patient feedback indicated that getting through on the telephone was difficult as no staff were available to answer the phone and there were no reception staff. To improve this patients were advised to call the dental centre on a Tuesday afternoon to make their appointments and staff were made available to take their calls. We received feedback from 35 patients via comment cards and by email; 25% of these patients said it was difficult to book or cancel appointments due to their being no staff to answer the phones or working on the reception desk. Staff told us they often had messages that had come via the medical centre from patients wanting to change appointments.

Information about the service, including opening hours and access to an emergency out-of-hours (OOH) service, was displayed in the practice and on the practice leaflet. OOH provision was provided by the London South region. As an alternative, patients were also able to go to an NHS dentist if this was nearer to them and claim back the cost.

Concerns and complaints

Patients were made aware of the complaints and compliments process through the practice information leaflet and a display in the waiting area. Feedback from patients indicated they knew how to make a complaint.

The SDO was the lead for complaints. No formal complaints had been received within the past 12 months. Verbal complaints were received daily regarding patient dissatisfaction

Are Services Responsive? Worthy Down Dental Centre

regarding not being able to contact reception, we saw 27 verbal complaints were received during February and March and we were told staff continually received verbal complaints on a daily basis ranging from grumbles of dissatisfaction to swearing on the answer machine. The practice had addressed this issue as best they could by staffing reception on Tuesday afternoons enabling patients to make or change appointments.

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice. The practice manager had the delegated responsibility for the day-to-day administration of the service. Staff were clear about current lines of accountability and secondary roles. They knew who they should approach if they had an issue that needed resolving.

The SDO assumed overall responsibility for risk in the dental centre and reviewed the register on a monthly basis. Current risks included, staffing levels (workforce), infrastructure relating to display boards not being wipeable and some training needs. These had been appropriately transferred to Regional Headquarters (RHQ).

A framework of organisation-wide policies, procedures and protocols was in place. In addition, there were local dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they referred to them throughout the inspection. The General Dental Council standards were displayed in the practice.

Internal and regional processes were established to monitor service performance. The regional Governance, Performance, Assurance and Quality (GPAQ) dashboard was used to monitor significant events. The practice used the internal quality assurance tool, the electronic Health Assurance Framework, to monitor safety and performance.

The practice manager attended Units Health committee meetings every 6 weeks to update the unit with regards to dental matters in addition to regular correspondence with the units about recalls and appointments. RHQ held 2 weekly meetings with all the SDO's in the region and the SDO engaged on a weekly basis with the Senior Medical Officer of the medical centre.

Dental targets were monitored and discussed at the practice meetings. A monthly governance return was completed for the regional team which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events. The regional team were able to monitor the dental centres performance using the data which was collated centrally via the Project Apollo App which contained current data relating to dental fitness targets, failures to attend and treatment needs for the patient population. The regional team also regularly reviewed data held within the Defence Primary Healthcare Governance Performance Assurance Quality SharePoint page which contained up to date information for each facility relating to various aspects of governance and to monitor a facilities performance.

Staff we spoke with were clear that their remit was to support patients to benefit from the best possible healthcare outcomes which, in turn, supported operational capability. This included a preventative approach which involved proactive health promotion, support and lifestyle advice.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had a

Are Services Well Led? Worthy Down Dental Centre

login password to access the electronic systems and were not permitted to share their passwords with other staff. Measures were taken to ensure computers were secure and screens not accessible to patients or visitors to the building. A reporting system was in place should a confidentiality breach occur. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles to protect confidential patient information.

Leadership, openness and transparency

We found the team to be a strong cohesive unit, who were working well together to deliver safe and effective care to their patients, especially in light of the staff shortages they were facing. The SDO had set realistic expectations of what could be achieved and had empowered staff to enable them to support the team efforts effectively. There was an open-door policy and the SDO was making use of the military in-house reward scheme which enabled the staff to receive gift cards as a reward for their hard work. All staff told us they were well supported and felt valued.

Learning and improvement

Quality improvement activity (QIA), including audit, was used to promote learning and continuous development. The range of QIA included environmental, equipment and inventory checks. Regular audits included infection prevention and control, a yearly antibiotic audit and radiology.

The staff combined with the dental centre at Winchester to undertake joint training and they attended the regional peer review meeting days. Additional to this, DPHC-led online training such as the recent webinars of dental categorisation being run by the Defence Centre for Restorative Dentistry.

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

Options were in place for patients to leave feedback about the service including information in the practice leaflet. All feedback was collated and discussed at the practice meetings every month. The GPAQ dashboard was used to monitor and analyse patient feedback.

The practice had a “You said we Did” board in the waiting room that showed improvements made following patient suggestions. For example, patients that had to travel some distance from a neighbouring camp to attend the dental centre said they found it difficult to attend early appointments. Provision was made for them to access an appointment in the afternoon if they preferred.

Staff told us they had the option to provide feedback at meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.