IDH Limited

IDH Dorking

Inspection Report

Medwyn Centre
Reigate Road
Dorking
Surrey
RH4 1SD
Tel: 01306 740840

Date of inspection visit: 18 April 2016
Date of publication: 16/06/2016

Overall summary

We carried out an announced comprehensive inspection on 18 April 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

IDH Dorking is a dental practice that is part of Integrated Dental Holding Ltd (IDH Limited) Dental Group. IDH Limited is a large corporate provider of dental services across England. The practice IDH Dorking is located in Medwyn Medical Centre next the sports leisure centre in Dorking, Surrey. The premises are situated at the beginning of the High Street and there is a pay and display public car park available at the back of the premises for patients and staff to park. The practice is located on the first floor level of the building and resides over one level. There is a lift that operates for patients with mobility problems and parents with prams. The practice shares a waiting area, patient toilet, staff room, reception desk and reception staff with Medwyn Medical Centre. There are four treatment rooms, a decontamination room and a sub waiting area for patients.

The practice provides NHS and private services to adults and children. The practice offers a range of general dental services including routine examinations and treatment, dentures, veneers, crowns and bridges.

The practice staffing consisted of four dentists, a dental hygienist, three dental nurses (including a trainee nurse), a practice manager and a supporting area manager. There is a larger support network that is located at headquarters in Manchester that provides support as part of the wider corporate management structure.

Summary of findings

The practice opening hours are Monday to Friday from 8.30am to 5.30pm.

The area manager is the 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 practice is run.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. Forty-three people provided feedback about the service. All patient's comments apart from one were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients were involved in their care and treatment planning so they could make informed decisions.
- The practice had an ongoing programme of risk assessments and audits which were used to drive improvement.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- All clinical staff were up to date with their continuing professional development.
- There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

There were areas where the provider could make improvements and should:

- Review the sharps protocols and ensure sharps bins are signed and dated at the beginning of use.
- Review the protocol for the maintenance checks of X-ray equipment and keep a log of routine checks.

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 practice was providing safe care in accordance with the relevant regulations.

The practice had systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal and management of medical emergencies. We found the equipment used in the practice was maintained and in line with current guidelines. Dental instruments were suitably decontaminated. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DOH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Are services caring?

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

Patients commented via the CQC comment cards that the team were friendly, kind and caring. During the inspection we observed staff in the waiting area when they called patients through. They were polite and welcoming towards patients.

Are services responsive to people's needs?

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

Patients were able to access treatment within a reasonable time frame and had enough time scheduled with the dentist to assess their needs and receive treatment. The practice treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

The practice had a complaints procedure that explained to patients the process to follow. The practice followed the correct processes to resolve any complaints.

Are services well-led?

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

The staff we spoke with described an open and transparent culture which encouraged candour. Staff told us that they felt comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

Summary of findings

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

IDH Dorking

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

We carried out an announced, comprehensive inspection on 18 April 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with eight members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. One of the dental nurses demonstrated how they carried out decontamination procedures of dental instruments.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. Forty-three people provided feedback about the service. All patient's comments apart from one were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

The practice had an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures. They told us this included recording them in the accident book and reporting them to the practice manager and head office. We saw there was a protocol posted up in the office for staff to refer to if needed. There was information about reporting any events to the Service Centre at headquarters (HQ) and the practice manager explained how they would take advice from the Health and Safety Advisor based at HQ. We reviewed the accident and incident log and saw that correct procedures were followed.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were no RIDDOR incidents within the last 12 months.

All staff we spoke to were aware of the Duty of Candour. They told us they were committed to operating in an open and transparent manner; they would always inform patients if anything had gone wrong and offer an apology in relation to this. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. The practice manager was the lead for safeguarding and the staff we spoke with were aware of this.

We saw evidence that staff had completed safeguarding training to the appropriate levels and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with the management team.

The practice followed national guidelines on patient safety. For example, the dentists told us they used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. [A rubber dam is a thin, rectangular sheet, usually non latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, the practice used a 'safer sharps' system to minimise needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not re-sheathed using the hands but instead a device was used to prevent injury which was in line with recommended national guidance. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. All the expiry dates for the emergency medicines were kept at HQ and reordered by HQ when medicines were reaching expiration. Records completed showed regular checks were done to ensure the equipment and emergency medicines were safe to use.

Staff received annual training in using the emergency equipment. The most recent staff training sessions had taken place in June 2015.

Staff recruitment

Are services safe?

The practice staffing consisted of four dentists, a dental hygienist, three dental nurses (including a trainee nurse), a practice manager and a supporting area manager. There is a larger support network that is located at headquarters in Manchester that provides support as part of the wider corporate management structure.

There was a recruitment policy in place and we reviewed the recruitment files for five staff members. We saw that relevant checks had been carried out to ensure that the person being recruited was safe and competent for the role. This included DBS checks for all members of staff, a check of registration with the General Dental Council (GDC), references, ID checks and employment profiles. All staff were up to date with their Hepatitis B immunisations and records were kept on file. [The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable].

Monitoring health & safety and responding to risks

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we saw records of risk assessment for pregnant workers, display screen equipment, fire, sharps and manual handling.

The practice had carried out a risk assessment around the safe use and handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a COSHH folder which was updated regularly however the practice should review this for old records that are not relevant.

The practice manager was responsible for responding promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by email at HQ and sent to the practice manager and area manager. These were disseminated to staff and discussed in meetings, where appropriate. We saw evidence of the alerts, where relevant, being kept on file.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene and environmental cleaning. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. The practice carried out an infection control audit every six months. We saw the last audit for December 2015.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A dental nurse showed us how they used the clean and dirty zones in the room and demonstrated a good understanding of the correct processes. The dental nurse explained that dirty instruments were transported from the treatment rooms in sealable boxes and placed in the dirty zone. They were rinsed and placed in an ultrasonic machine and an illuminated magnification device was used to check for any debris during the cleaning stages. Items were then placed on sterilising trays and put in an autoclave (steriliser) for processing. Once instruments were sterilised they were stored on sterilised trays and taken back to the treatment rooms for use on the same day. Any unused instruments were re-processed through the sterilising system and pouched at the end of each day and dated to indicate when they should be reprocessed if left unused.

We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence that the parameters for temperature and pressure were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and

understanding of single use items and how they should be used and disposed of which was in line with guidance. However we noted that sharps bins were not signed and dated at the beginning of use.

The treatment rooms and equipment where patients were examined and treated were clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective apron and safety glasses to wear when they were receiving treatment. We saw there were good supplies of protective equipment for patients and staff members.

Records showed that a Legionella risk assessment had been carried out by an external company in June 2015. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice demonstrated that they were testing and recording hot and cold water temperatures on a regular basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

The premises appeared clean and tidy. The practice had a cleaning schedule that covered all areas of the premises and detailed the daily checks that had been completed.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. There were service contracts in place for the maintenance of equipment. For example, we saw documents showing that the air compressor and autoclaves had all been inspected and serviced annually; the last service was completed in January 2016. The practice had portable appliances and had carried out portable appliance tests (PAT) annually; the last test was completed in April 2015. We saw records which showed that the fire extinguishers were checked regularly and weekly alarm tests were conducted.

Radiography (X-rays)

The practice followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) guidelines. They kept a radiation protection file in relation to the use and maintenance of X–ray equipment however we noted.

There were suitable arrangements in place to ensure the safety of the equipment however we noted there were no log sheets for the regular maintenance checks of X-ray equipment required routinely. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in January 2015 which was within the recommended timescales of every three years. The practice had a radiation protection adviser and had appointed all dentists as radiation protection supervisor's (RPS). All dentists had completed the necessary radiation training. Audits had been completed in April 2016 to review the quality of X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dentists described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. During the course of our inspection we reviewed a small sample of dental care records. We saw evidence that the assessment included checking soft tissues lining the mouth and checking for signs of mouth cancer. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. We saw the dental care records included the proposed treatment after discussing options with the patient and this included the details of the costs involved.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Dental staff told us they discussed oral health with their patients and explained the reasons why decay and dental problems occur. Patients were advised on the benefits of cutting back smoking, effective tooth brushing and dietary advice.

Staffing

There was a comprehensive induction and training programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete an induction programme which included training on health and safety, fire safety, emergency procedures, infection control, disposal of clinical waste and COSHH.

The practice had policies available to staff which included information on consent, data protection and complaints. Staff we spoke to were aware of where to find this information to refer to.

Opportunities existed for staff to pursue continuing professional development (CPD). All staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. We saw evidence of training in medical emergencies, infection control, safeguarding and radiology protection.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required including orthodontics, oral surgery and periodontology. We found the practice monitored their referral process to ensure patients had access to treatment they needed within a reasonable amount of time. Where patients were suspected to have cancer the practice followed a 2 week fast track process that ensured patients would be seen quickly.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral included the patients' personal details and the details of the issues. Copies of the referrals had been stored electronically in patients' dental care records and where necessary referrals had been followed up. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients would be given time to consider the information before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We checked

Are services effective?

(for example, treatment is effective)

dental care records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

Staff we spoke with explained how they would obtain consent from a patient who suffered with any mental impairment that might mean they were unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw from the CQC comment cards that patients were complimentary of the care, treatment and friendliness of the staff and gave a positive view of the service. Patients commented that the team were friendly and kind. During the inspection we observed staff in the reception area. They were polite, welcoming and personable towards patients.

The practice had a confidentiality policy and staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were kept on the computer system which was password protected and only accessed by an authorised person. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

We observed that dental staff kept doors closed so that the conversations could not be overheard whilst patients were being treated.

Involvement in decisions about care and treatment

Staff told us the dentists explained care and treatment to individual patients clearly and were always happy to answer any questions. Patient's comments confirmed that the dentist discussed the options, risks, benefits and cost of the treatment with them in a way that they could understand.

The dentists told us they used a number of different methods including tooth models, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment and this was always shared with the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment system on the computer and saw that there was enough time scheduled to assess and undertake patients' care and treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who may not have had the mental capacity to absorb information so quickly.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. They told us they did not have a translation service for languages because they did not have many patients that attended the practice where English was not their first language and could not communicate in English.

We saw the practice had access for patients with mobility problems.

Staff told us all patients had notes in the dental records highlighting any special assistance required prior to scheduled appointment and they responded with every possible effort to make dental provision accessible.

Access to the service

The practice opening hours are Monday to Friday from 8.30am to 5.30pm.

We asked the staff about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message directed patients to call 111 to access out-of-hours emergency treatment.

The reception staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns. The feedback we received via comments cards confirmed that patients had good access to the dentist in the event of needing emergency treatment.

Concerns & complaints

The practice had a complaints policy that described how formal and informal complaints were handled. Information about how to make a complaint was on display and available at the reception desk. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had received four complaints in the last 12 months and these had been handled in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice had suitable governance arrangements with an effective management structure. There were relevant policies and procedures in place. Staff we spoke with understood the governance systems and where to go if they needed to refer to any policies or procedures.

The practice manager organised regular staff meetings to discuss key governance issues and staff training sessions. Staff told us there were formal discussions on a weekly basis which allowed issues or concerns to be resolved in a timely way. The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Leadership, openness and transparency

Staff we spoke with were proud to work in the service and spoke respectfully about the leadership and support they received from the practice manager and provider as well as other colleagues. They were confident in approaching the practice manager or area manager if they had concerns and displayed appreciation for the leadership. The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be hard working, caring and a cohesive team and there was a system of staff appraisals to support staff in carrying out their roles.

Learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made.

The practice manager told us the dental team discussed the results of audits at monthly meetings in order to share achievements or action plans for improving performance.

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

The practice gathered feedback from patients on an ongoing basis through the use of the Friend and Family test. They reviewed the number of responses and comments monthly. We saw eighteen responses were noted from January to February 2016. A high percentage of the patients commented they would recommend the practice to friends and family. Some of the comments were in line with what we received in the CQC comment cards; for example the dental team were efficient, friendly, kind and caring.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.