Whitecross Dental Care Limited

Gosport Dental Centre

Inspection Report

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Overall summary

We carried out a comprehensive inspection of Gosport Dental Centre on 18 May 2015.

Gosport Dental Centre is a five surgery, ground floor practice which is part of Integrated Dental Holdings and is situated in Gosport. It offers private and NHS dental care services weekdays between 9.00am and 5.30pm to patients of all ages. The services provided includes preventative advice and treatment together with routine and restorative dental care.

The practice has four dentists, one hygienist, four dental nurses, three trainee dental nurses, three reception staff and a practice management team. The practice manager is registered with the Care Quality Commission as the Registered Manager. This person is legally responsible for making sure that the practice meets the requirements relating to safety and quality of care, as specified in the regulations associated with the Health and Social Care Act 2008.

We reviewed 47 completed CQC comment cards, gathered views of 18 patients on the day of our inspection and reviewed patient feedback gathered by the practice over the last 12 months. Patients who completed comment cards were positive about the care they received from the practice. They commented that staff were very friendly and caring and that dentists listened, were professional and took time to explain every step of treatment. Of the 65 people who provided feedback, five said their waiting time to see a dentist was sometimes longer than expected and two commented about appointments being cancelled.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- The practice assessed and managed risks to patients. These included infection prevention and control, health and safety and the management of medical emergencies.
- Staff ensured patients gave their consent before treatment began. Dental care records we looked at were detailed and showed on-going monitoring of patients' oral health.
- Staff had received training appropriate to their roles.
- Staff were knowledgeable about patient confidentiality and we observed good interaction between staff and patients during the inspection.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were clearly defined leadership roles in place and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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?

Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate. Incidents, errors and near misses involving all relevant staff and patients were identified and lessons learnt were communicated with staff to make sure action was taken to improve safety.

Individual records were written and managed in a way to keep people safe. This included ensuring dental records were accurate, complete, eligible, up to date, stored and shared appropriately. There were sufficient numbers of suitably qualified and competent staff who were able to identify and respond appropriately to signs of deteriorating health and medical emergencies. Premises and equipment were clean, secure, properly maintained and kept in accordance with current legislation.

Are services effective?

Patient care and treatment was planned and delivered in line with evidence based guidelines, standards, best practice and current legislation. The practice had information and support available to help patients understand their care and treatment options. This included information about the cost of treatment where appropriate. Consent to care and treatment was sought in line with legislation and guidance.

Staff were supported to deliver effective care through opportunities to undertake training, learning and development and through meaningful and timely supervision. There were clear procedures based on current guidelines to refer patients to specialist colleagues.

Are services caring?

Patients were treated with kindness, dignity, respect and compassion while they received care and treatment. Staff listened and involved them in making decisions about their care and treatment. Treatment was fully explained which included the cost of treatment, and patients were given enough time to think and ask questions about their care and treatment before they gave consent.

Are services responsive to people's needs?

The facilities and premises were appropriate for the services that were planned and delivered. Appointment times were scheduled to ensure patient's needs and preferences were met. The practice took account of the needs of different patients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity. Reasonable adjustments such as to the environment, choice of dentist or treatment options were in place. Patients had timely access to urgent treatment and their views were taken into account when planning and delivering services.

Are services well-led?

Staff were supported and managed at all times and were clear about their lines of accountability. They felt the provider valued their involvement, were engaged and their views were reflected in the planning and delivery of the service. Care and treatment records were complete, legible, accurate, and kept secure. Staff were supported to meet their professional standards and follow their professional code of conduct.

Audit processes were effective and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. There were systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments.

Gosport Dental Centre

Detailed findings

Background to this inspection

The inspection took place on 18th May 2015 and was conducted by a CQC inspector and a Specialist Dental Advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, including NHS England and Health watch. We did not receive any information of concern from them.

During the inspection we reviewed 46 comment cards, gathered views of 18 patients, spoke with dentists, dental nurses, receptionists and practice management team. We also reviewed policies, procedures and other documents.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

This corporate provider had a company wide reporting system in place along with an on-line bulletin alert system that issued alerts on a fortnightly basis. This alert system cascaded down to members of staff information such as health and safety and medicines alerts. Urgent alerts required members of staff to sign that they had read the alerts as part of the company's policy.

One of the effective ways of preventing a medical emergency in a primary dental care setting is to identify whether a patient has an existing medical condition. We found that all patients attending the practice had a current written medical history taken and updated each time they attended for assessment or treatment. These were recorded in hard copy and then transferred to the patient record on the practice IT system. An audit of dental care records in April 2015 showed that medical histories were updated 100% of the time for all of the four dentists working at the practice.

We were told that the last medical emergency occurring at the practice was more than a year ago. In this case a patient had suffered an epileptic seizure in the waiting room. The practice support manager described how the situation was managed. A member of staff encountering a medical emergency would alert a nurse who would then then inform a dentist, reception staff would be alerted that the medical emergency kit was in use and the emergency services would be informed. If the emergency occurred in the waiting area, the area would be evacuated to maintain the dignity of the patient. A member of staff would then wait outside the building to guide the emergency services into the building. The incident would be reported using their incident reporting system. The incident would also be discussed in the next staff meeting to evaluate any learning outcomes

Reliable safety systems and processes (including safeguarding)

We spoke to the practice support manager who was also a qualified dental nurse about the reporting of incidents that could occur in a primary dental care setting. This included needle stick injuries and medical emergency incidents. The support manager explained that the treatment of sharps and sharps waste was in accordance with the current European Union Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not re-sheathed following administration of a local anaesthetic to a patient. A special device had been introduced by the practice which rendered the needle used for dental injections as single use. The support manager was also able to explain the practice protocol in detail should a needle stick injury occur. Although there had been several clean sharps injuries over a period of years, there had been no contaminated sharps injuries since the introduction of the safer sharp system.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist explained that these instruments were single use only. They also explained that root canal treatment was carried out where practically possible using a rubber dam. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

We discussed with two of the dentists about the different types of abuse that could affect a patient and who to report them to if they came across abuse of a vulnerable child or adult. They were able to describe in detail the types of behaviour a child would display that would alert them if there were possible signs of abuse or neglect. Both dentists also had an awareness of the issues around vulnerable elderly patients who may present with dementia and who required dental care and treatment. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Training records showed that all staff had received safeguarding training for both vulnerable adults and children within the past 12 months. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

Training records showed that all staff had received emergency first aid training within the past 12 months.

Are services safe?

Emergency medicines and equipment were available and all staff knew of their location. Medicines included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Emergency equipment seen included an automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) and oxygen. All staff we asked knew the location of this equipment and records confirmed that it was checked regularly. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use.

Staff recruitment

We asked 18 patients on the day of our inspection if they had confidence and trust in the dentist. All but one patient confirmed they did. All the dentists and dental nurses who worked at the practice had current registrations with the General Dental Council. The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references. We looked at three staff recruitment files and records confirmed that all three had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were stored securely. Both clinical and non-clinical staff had evidence of having received a criminal records check such as through the Disclosure and Baring Service (DBS).

Monitoring health and safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments. These included fire safety, health and safety and water quality risk assessments.

We were shown the most recent fire safety and health and safety risk assessments that contained associated action plans which had been carried out to rectify the areas requiring attention. For example, monthly emergency lighting checks.

The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Arrangements were in place to obtain support from a sister practice based locally. This included transferring patients there or bringing staff to Gosport Dental Centre when required.

Infection control

All areas of the practice appeared to be well maintained, clean and fit for purpose. An infection control policy, dated August 2012, and supporting procedures were available for staff to refer to, which enabled them to plan and implement infection control measures. For example, personal protective equipment (PPE) which included uniforms, disposable gloves and aprons was available for staff to use and staff were able to describe how they would use these in order to comply with the policy. Staff on arriving at work were provided with a staff changing room where they could change and wear appropriate PPE. Staff training records showed that all practice staff had completed infection control training within the previous 12 months.

We saw the practice's annual infection control statement dated March 2015. This statement included information about any significant events, audits, risk assessments, staff training and policy reviews that had taken place in the previous 12 months. We saw cleaning checklists for each of the practice's treatment rooms. Records confirmed that these checklists were completed by dental nursing staff daily. Hand washing sinks with liquid hand soap, hand gel and hand towel dispensers were available in treatment rooms.

We were shown the cleaning plan for the general areas of the practice and told that this plan was followed by cleaning staff employed by the practice. Records we looked at confirmed that cleaning staff had recorded that they had completed the tasks listed in the cleaning plan. The practice manager showed us records to confirm that they carried out regular checks on the quality of cleaning by the cleaning staff.

Records showed that the practice carried out infection control audits every six months. The most recent being April 2015. We saw that the previous actions from the December 2014 audit had been completed.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of

Are services safe?

instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. A dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments and the packaging and storing of sterilised instruments. Staff wore an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages.

We saw contracts for safe disposal of clinical waste and examined the waste transfer notes which confirmed that contaminated waste was safely removed from the premises.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, portable electrical equipment had been tested in January 2015. Fire extinguishers were maintained and tested yearly. Autoclaves had been serviced and calibrated in December 2014 and the X/ray machine had been serviced in May 2015. A Legionella risk assessment had been carried out at the practice in February 2014 and the recommended procedures contained in the report were being actioned and logged appropriately. Dental unit waterlines were routinely cleaned in accordance with HTM01-05.

The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The dentists used the on-line service for the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor, the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location each individual dentist acted as the Radiation Protection Supervisor for their dental treatment room. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years. Also present in the file was the continuing professional development records of the dentists in relation to IRMER requirements, these were within the recommended interval of five years. We saw a copy of the most recent radiological audit that demonstrated a very high percentage of radiographs were of grade one standard. A sample of three dental care records where X-rays had been taken showed that all dental X-rays were justified, reported on and quality assured These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

We spoke to three dentists on duty on the day of our visit and they all had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. We saw examples of consent recorded in patient notes.

All the dentists we spoke with explained how they would take consent from a patient who suffered with any mental impairment, which may mean that they might be unable to fully understand the implications of their treatment. The dentists explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They explained that they would involve relatives and carers 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.

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The clinical support manager described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given to patients in order to improve the clinical outcome. This included smoking cessation advice, alcohol consumption guidance and general oral health advice such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

As review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out at each dental health assessment. The records we saw showed that dental X-rays were justified, reported on and quality assured every time. Patients who required any specialised treatment were referred to other dental specialists as necessary. Their treatment was then monitored after being referred back to the practice on completion of treatment to ensure they received a satisfactory outcome and all necessary post treatment care. Details of the treatment were also documented and included local anaesthetic details including type, the site of administration and batch number and expiry date.

Working with other services

One of the dentists we spoke with explained how they worked with other services and told us they were always willing to refer patients to other practices or specialists if the treatment required was not provided by the practice. They explained that 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 an example of where a patient was referred to an orthodontist for corrective brace treatment due to misaligned teeth. A referral letter was then prepared and sent to the hospital with full details of the dentists findings. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Health promotion & prevention

The waiting room and reception area at the practice contained literature in leaflet form that explained the services offered at the practice. This included information

Are services effective?

(for example, treatment is effective)

about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products that patients could purchase that were suitable for both adults and children.

Adults and children attending the practice were advised how to maintain healthy teeth as part of their consultation. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was also given to them. Children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. The sample of dental care records we observed all demonstrated that dentists had given tooth brushing instructions and dietary advice to patients. A dental hygienist was available by private contract should a patient opt for this service following careful explanation by the dentist.

Staffing

We asked 18 patients if they felt there enough staff working at the practice to meet their oral health needs. All but one patient said yes and the remaining patient said they were not sure.

The practice employed four dentists, one hygienist, four dental nurses, three trainee dental nurses, three reception staff and a practice management team. We saw there was a structured induction programme in place for new members of staff and records confirmed this was used.

We observed all staff working professionally and there was a friendly atmosphere at the practice. Staff we spoke with told us that the staffing levels were suitable for the size of the service. All the staff we spoke with told us they felt supported by the dentists and nursing team as well as by the practice management. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

Are services caring?

Our findings

Respect, dignity compassion and empathy

All of the 18 patients we asked said the staff respected their privacy and dignity. Surgeries were situated away from the main waiting area and we saw that doors were closed at all times patients were with dental professional. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy.

Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. All of the18 patients we asked told us the dentist was good at involving them in decisions about their care and treatment. The clinical support manager explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. They told us they felt that patients should be given time to think about the treatment options presented to them. This made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment required, including the risks, benefits and options. Costs were made clear in the treatment plan.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including a practice leaflet that explained opening hours, emergency 'out of hours' contact details and appointment cancellation arrangements. Information about the range of NHS and private dental services, NHS treatment bands and cost were also on display. The practice offered a number of emergency appointments to patients who contacted the practice. We were told that when these were full a 'sit and wait' service was offered to patients who had first been triaged by the practice manager who was also a dental nurse, at 11am and 4pm daily.

Tackling inequality and promoting equality

The practice made best use of the building it occupied by providing a portable ramp for patients who required level access. Once inside, the building was spacious and fully accessible to wheelchair users, prams and people with limited mobility. The reception desk had a lower counter at one end which accommodated wheelchair users without them needing to move to a separate area. Translation services were available to non-English speaking patients and one dentist spoke Polish.

We saw an audio loop system displayed on the reception counter for patients with a hearing impairment and a wheelchair accessible toilet and baby changing facility. Surgeries were large and accessible to patients who could transfer from wheelchairs. One surgery was set up to treat patients in their own wheelchair who could not, or did not wish to, transfer to a dentist chair.

Access to the service

Appointments were available Monday to Friday between 9.00am and 5.30pm. Appointments could be made in person, by telephone or on-line via the practice website. We asked 18 patients if they were satisfied with the practice opening hours. Of these, 15 said yes, two said no and one patient told us they were not sure. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included telephoning patients and sending an SMS text message.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

Concerns and complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. For example, a complaint would be acknowledged within three days and a full response would be provided to the patient within 20 days. This was seen to be followed. We saw a complaints log which listed three complaints received in the previous 12 months of our inspection. We were told that all of these complaints had been resolved with a satisfactory outcome.

Information for patients about how to make a complaint was seen in the waiting area of the practice, the practice leaflet and website. Lessons learnt and any changes were shared with staff at monthly practice meetings. We asked 18 patients if they knew how to complain if they had an issue with the practice. Of these, 15 told us they would know and three weren't sure.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of a practice manager supported by a practice support manager who were both responsible for the day to day running of the practice. The corporate provider had in place a system of area and regional managers who provided support and leadership to the practice manager and the support manager. Clinical support was provided by a clinical support manager who was a dentist. They provided clinical advice and support to the other dentists, nurses and hygiene/therapists working in the practice. The clinical support manager had appropriate support from a system of clinical directors operated by the company.

The company used a system known as 'Clarity' which is an on-line resource detailing practice policies, protocols and procedures. It also detailed the various job roles in the company along with audit templates that were used by staff to facilitate learning and improvement. The company used an academy system for corporate induction and training of all newly appointed staff.

Leadership, openness and transparency

It was apparent through our discussions with the dentists and nurses that the patient was at the heart of the practice with the dentists adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did. The company used a system known as 'My Dentist' which described the expected patient journey through the practice, beginning with a warm and friendly welcome from the dental practice reception staff.

The company used a system known as 'My Reports' which detailed the performance of the dentist against the NHS commissioner's criteria for quality performance known as the vital signs report. These were freely available on the company intranet to each dentist at the practice. Dentists were able to analyse their own performance as well as being able to obtain support and guidance from the clinical support manager where there were particular difficulties. The clinical support role was a relatively new innovation introduced by the company in 2014.

Management lead through learning and improvement (audit)

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. We looked at a sample of them. An X-ray audit was carried out on a sample of each dentists X-rays between December 2014 and January 2015, this involved grading the quality of the X-rays to ensure they had been taken correctly.

We also saw the latest record keeping audits for each dentists. These were carried out on 1 April 2015. Where areas for improvement had been identified, action had been taken by the dentist concerned. An example of this was to include within the dental care record details of oral cancer screening and alcohol and smoking status. Percentage scores of below 70% for record keeping were referred to the clinical support manager so that a system of support and mentoring could be put into place for a dentist. All but one dentist had scores above 70% with scores scores ranging from 83-100%.

There was evidence of repeat audits at appropriate intervals and these reflected that standards and improvements were being maintained. For example Infection Prevention Society audits were undertaken every six months in accordance with current guidelines. The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock of medicines and they were all in date, records were available for inspection of the checking process.

The practice seeks and acts on feedback from its patients, public and staff

The practice had gathered feedback from patients through the NHS Friends and Family test, NHS Choices, My Dentist, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. We reviewed complaints made to the practice over the past twelve months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

All of the staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the dentists and practice management team listened to their

Are services well-led?

opinions and respected their knowledge and input at meetings. We were told that staff turnover and sickness was low. Staff told us they felt valued and were proud to be part of the team.