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Hullbridge Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is located within a purpose adapted property in Hullbridge, Essex and offers a range of private preventative, restorative and cosmetic dental treatments to adult patients and children.

The practice is open and offers appointments for patients between 10am and 4pm on Mondays, Wednesdays and Thursdays and between 10am and 2pm on Saturdays.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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 practice has one treatment room, a combined waiting room and a reception area. Decontamination takes place in a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are bought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

We left comment cards at the practice for the two weeks preceding the inspection. Eight people provided feedback about the service in this way. All of the comments made reflected very high levels of patient satisfaction with the dental care and treatment provided and the professional attitude and understanding of the dental team.

Summary of findings

Our key findings were:

- The practice had systems in place for investigating and learning from safety incidents or accidents. Staff were aware of their responsibilities to report incidents.
- The practice was visibly clean and clutter free. Infection control practices were reviewed and audited to test their effectiveness.
- There were systems in place to help keep people safe, including safeguarding vulnerable children and adults.
- The practice medicines and equipment for use in the event of a medical emergency were in line with current guidelines. Records were maintained in respect of the checks carried out for these medicines and equipment.
- Some staff files did not include evidence of all the relevant training in respect of their roles and responsibilities within the practice.
- Patients reported that they were treated with respect and that staff were polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- The practice could normally arrange a routine appointment within a few days or emergency appointments mostly on the same day.
- Effective governance arrangements were in place for the smooth running of the service.
- Patient's views were sought and these were used to make improvements to the service where these were identified.

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

- Review the systems for monitoring staff training so that up to date records are maintained.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had effective systems and processes in place to provide safe care and treatment and to assess and minimise risks. The practice had procedures in place to safeguard children and vulnerable adults. The principal dentist was the appointed safeguarding lead identified to oversee and monitor the safeguarding procedures. All staff had undertaken training appropriate to their roles and understood their responsibilities in this area.

The practice was visibly clean and infection control procedures were in line with national guidance. The cleaning and decontamination of dental instruments was carried out in line with current guidelines.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions.

The practice had a range of equipment and medicines for use in medical emergencies. However at the time of our inspection these were not in line with national guidance. For example the practice did not have an Automated External Defibrillator (AED). Following our inspection we were provided with documentary evidence that an AED had been purchased. Staff had undertaken appropriate training and they were able to demonstrate that they understood how to use medicines and equipment in the event of a medical emergency.

New staff were appropriately recruited In line with the practice recruitment procedures.

Are services effective?

No action

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was regularly reviewed and used to plan patient care and treatment. Patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors recorded.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Consent to care and treatment was sought in line with current relevant guidelines. Patients were provided with a detailed written treatment plan which detailed the treatments considered and agreed together and the fees involved.

Patients were referred to other specialist services where appropriate and in a timely manner.

The principal dentist and dental nurses were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities.

Summary of findings

Are services caring?

No action

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. A private room was available should patients wish to speak confidentially with the dentist or reception staff. Staff had access to policies around respecting and promoting equality and diversity.

The patient we spoke with said that they were treated with respect and kindness by staff. They said that the dentist and dental nurses were patient, caring and understanding. Comments on the eight completed CQC comment cards we received also reflected that patients were satisfied with how they were treated by staff. Patients indicated that staff were helpful and treated them with kindness. They said that staff were understanding and sensitive particularly when patients were experiencing pain or anxiety.

Patients said that they were able to be involved in making decisions about their dental care and treatment. They said that they were allocated enough time and that treatments were explained in a way that they could understand, which assisted them in making informed decisions.

Are services responsive to people's needs?

No action

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

Patients could access routine treatment and urgent care when required. Appointments could be booked in person or by telephone. The practice operated a triage system to help identify and prioritise urgent same day access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice was open and offered appointments between 10am and 4pm on Mondays, Wednesdays and Thursdays and between 10am and 2pm on Saturdays.

The practice premises were accessible and provided step free access, automated doors and disabled access toilet facilities.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them. Information about how to raise complaints was available on the practice website. The practice had not received any complaints within the previous 12 months.

Are services well-led?

No action

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

There were systems for keeping up to date with reviews and changes to current guidance and ensuring that these were implemented in the practice.

There were suitable governance arrangements and leadership within the practice to ensure that appropriate systems were in place to monitor and improve the quality and safety of services.

Summary of findings

The practice had systems in place to carry out regular audits to monitor the quality of X-rays and patient records to make improvements as needed.

The dental care records were maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.

There were arrangements in place to ensure that training was accessible to staff. Learning and development needs of staff were reviewed at appropriate intervals and staff received appropriate appraisal or supervision.

The practice had systems to obtain and act on feedback from patients and used this to improve the quality of the service provided.

Hullbridge Dental Centre

Detailed findings

Background to this inspection

The inspection was carried out on 5 September 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing patients and staff, observations and reviewing documents.

During the inspection we spoke with the principal dentist, one dental nurse and one patient. We reviewed policies, procedures and other records relating to the management of the service. We reviewed eight completed Care Quality Commission comment cards.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. The principal dentist and the dental nurse who we spoke with were aware of the practice reporting procedures including reporting accidents and incidents and their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We were told us that there had been no incidents or accidents We reviewed accident records and the minutes from practice meetings and no incidents were recorded.

The principal dentist was aware of their responsibilities under the duty of candour and there was a policy in place in relation to this. This described if there was an incident or accident that affected a patient they would be contacted and offered an apology and an explanation of what actions had been taken to address the issues.

The principal dentist was aware of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. There were systems in place for reviewing, sharing and acting on relevant alerts.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These included the contact details for the local authority's safeguarding team, social services and other relevant agencies. Staff had undertaken role specific training and they were aware of whom to report concerns to including reporting to external agencies if required.

The practice had a whistleblowing policy which the staff were aware of. They told us they felt confident and supported to raise concerns without fear of recriminations.

The principal dentist told us they did not routinely use a rubber dam when providing root canal treatment to patients in accordance with the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice has been open since January 2016 and the principal dentist showed us that they were in the process of carrying out a patient dental care record audit in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency All staff had undertaken training in basic life support and they were aware of their roles and responsibilities in relation to this.

The practice had a range of medicines for use in a medical emergency and these were in line with the 'Resuscitation Council UK' and British National Formulary guidelines.

However the practice did not have the range of equipment available in line with current best practice guidelines. For example there was no Automated External Defibrillator (An AED is 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). There was no assessment in place to identify or mitigate risks to patients. In addition there was no portable suction equipment, airways or ambu-bag. Following our inspection we were provided with documentary evidence that this equipment had been purchased.

Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies. We reviewed the personnel files for three members of staff, which confirmed that the processes had been followed. We saw that staff had been checked by the Disclosure and Barring Service (DBS). 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.

Are services safe?

We saw that all relevant members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

Monitoring health & safety and responding to risks

The practice had policies and procedures and risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and appropriate safety risk assessments had been carried out to identify and assess risks associated with the practice premises and equipment. There was a detailed fire risk assessment and this was reviewed regularly. There were procedures for dealing with fire including safe evacuation from the premises. Fire safety equipment was regularly checked and fire safety procedures were discussed at practice meetings.

The practice had detailed records in respect of Control of Substances Hazardous to Health (COSHH). These included information about the risks associated with chemical agents used at the practice and how exposure to these chemicals were to be treated. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records to include receiving COSHH updates and changes to health and safety regulations and guidance.

Infection control

There was an infection control policy which was reviewed regularly. All staff had undertaken infection control training including decontamination of dental instruments and hand hygiene. Staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear. Records showed that all relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

All areas of the practice were visibly clean and uncluttered. There were systems in place for cleaning in the dental surgery, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly. Regular infection control audits were carried out to test the effectiveness of the infection prevention and control procedures.

The decontamination of dental instruments was carried out in a dedicated decontamination room. The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The designated 'clean' and 'dirty' areas within the decontamination areas were clearly identified and staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures.

Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. Records in respect of the checks that should be carried out at the start and end of each day were also maintained.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sink. Paper hand towels and liquid soap was also available in the toilet. Gel hand sanitisers were available in the patient waiting area.

The practice had procedures in place for handling sharps including needles and dental instruments, and dealing with needle stick and other sharps related injuries. These procedures were displayed in the dental surgery and staff who we spoke with could demonstrate that they understood and followed these procedures.

Clinical waste including sharps was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

Are services safe?

There were effective procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. A recent legionella risk assessment had been carried out at the practice and this identified no areas for concern. We found that appropriate measures were in place including regular disinfection and monthly tests of waterlines to help detect the likelihood of any contamination.

Equipment and medicines.

The practice had systems in place for carrying out Portable Appliance Testing (PAT) for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) The practice displayed fire exit signage and had appropriate firefighting equipment in place, which was regularly checked and serviced.

Records were kept in respect of checks and maintenance carried out for equipment such as the X-ray equipment and autoclaves which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics, antibiotics and emergency medicines were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates. No other medicines were kept at the practice.

Radiography (X-rays)

The practice had a radiation safety policy in place. There was a radiation protection supervisor identified to oversee the radiation procedures within the practice. There was a radiation protection file available with information for relevant staff to access and refer to as needed. We were told that the X-ray equipment had been tested and there was documentary evidence to support this.

There were local rules available and displayed in all areas where X-rays were carried out. Local rules state how the X-ray machine in the surgery needs to be operated safely. The dentist and other relevant staff were up to date with their continuing professional development training in respect of dental radiography.

The patient records we reviewed showed that X-rays were justified and graded. The practice had arrangements for carrying out audits of their X-rays in accordance with the National Radiological Protection Board (NRPB) guidelines to help ensure that X-rays are appropriately justified and correctly graded to an acceptable standard.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information in the patient's electronic dental care records for future reference. In addition, the dentist told us they discussed patients' life styles and behaviours such as smoking and alcohol consumption and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records. We saw from the dental care records we looked at that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The records showed routine dental examinations including checks for gum disease and malignancies had taken place.

The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental care records these discussions took place and the options chosen and fees were also recorded. Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice including information on diet, alcohol and tobacco consumption and maintaining good oral hygiene. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgery.

The dentist advised us they provided advice in accordance with the Department of Health's guidance 'Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this.

Staffing

The dentist and dental nurses working at the practice were currently registered with their professional body. Staff training records contained documents which showed that they were maintaining their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. One of the three staff files which we were shown did not include some certificates in respect of training undertaken. The principal dentist told us that staff worked at other dental practices and they maintained individual training files. They told us that they would review all staff training files to ensure that they included records for all training undertaken.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations.

The dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for suspected oral cancer.

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. These procedures included reference to current legislation and guidance including the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. The dentist described how they would obtain consent from patients

Are services effective?

(for example, treatment is effective)

who they thought would experience difficulty in understanding their treatment and / or consenting to this. The process described was consistent with the provisions of the MCA.

The patient and staff who we spoke with told us that the benefits, complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced. Patient records which we viewed showed that treatment options, intended benefits and potential risks had been discussed with the patients and that consent had been obtained before their treatment commenced. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to confidentially they would speak to them in a private room.

Staff understood the need to maintain patients' confidentiality. The principal dentist was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely.

Comments made by the patient we spoke with on the day and on the eight completed CQC comment cards were complimentary about the service received. People told us that the dentist and dental nurses were kind and helpful. They said that the dentist was caring and understanding when treating patients who were experiencing anxiety or dental pain.

Involvement in decisions about care and treatment

The patient we spoke with said that the dentist explained their treatments, intended benefits, risks and potential complications in a way that they could understand and involved them in making decisions about their dental care and treatment. Comments made by eight patients who completed the CQC comment cards also confirmed that patients were involved in their care and treatment.

The dentist demonstrated that they understood the principles of the Gillick competency test and applied it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the waiting area described the range of services available, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure. A range of information leaflets on oral care and treatments were available in the practice and information was also available on the practice website.

The practice is open and offers appointments for patients between 10am and 4pm on Mondays, Wednesdays and Thursdays and between 10am and 2pm on Saturdays.

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff had undertaken training and they told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The dental practice was located in a ground floor purpose adapted building. The premises had automated door opening, disabled access toilet facilities and sufficient space to accommodate patients who used wheelchairs.

The principal dentist told us that they had could access a translation service for patients whose first language was not English should this be required. They said that they had not required this service and that patients who did not speak English were accompanied by a family member when they attended the practice.

Access to the service

The patient who we spoke with told us that they could always get an appointment that was convenient to them. They said that they had been able to access an appointment on the same day if they needed urgent treatment. Patients who completed CQC comment cards also said that they could access the service in a timely way. The dentist told us that priority would be given to patients who required urgent dental treatment.

Staff told us that appointments usually ran to time and the patient we spoke with said that they did not have to wait too long to be seen. The dental nurse told us that they advised patients if the dentist was running behind time.

For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the dentist's telephone number to access out of hours emergency advice or treatment.

Concerns & complaints

The practice had a complaints policy and procedures. This was in line with its obligations to investigate and respond to complaints and concerns. The principal dentist was the dedicated complaints manager.

Information which described how patients could raise complaints was displayed in the waiting area and on the practice website. Staff who we spoke with told us that there had been no complaints made about the service since the practice opened. The patient who we spoke with told us that if they had concerns or complaints that they would raise these with the dentist directly. They told us that while they had no reason to complain they felt confident that any issues or concerns would be dealt with appropriately.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place for monitoring and improving the services provided for patients. For example, a number of policies and procedures including the recruitment policy, health and safety policy and an infection prevention and control policy were followed consistently. The policies and procedures were detailed, practice specific and reflected the day to day running of the practice.

The practice had systems to carry out audits of various aspects of the service such as X-ray audits in accordance with the guidelines or infection control audits.

The systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of service users were not effective. Risks associated with the premises, X-rays and X-ray equipment and legionella had been assessed. There were suitable systems in place for recognising and acting on when things went wrong; and ensuring that learning from such incidents was shared and reviewed to help minimise risks.

Leadership, openness and transparency

There was clear leadership and oversight at the practice. The practice team was small and the principal dentist and dental nurses shared lead roles in key areas such as safeguarding, infection control and patient safety. The dentist and dental nurse told us that they worked well as a team and that staff were clear about their roles and responsibilities.

The dentist could demonstrate that they understood and discharged their responsibilities to comply with the duty of candour and they told us if there was an incident or accident that affected a patient the practice would act appropriately and offer an apology and an explanation.

Learning and improvement

The dentist could demonstrate that there was a culture of learning and improvement within the practice. Relevant information was shared with staff during daily communications and via email for staff who were not on duty.

The practice had systems in place for staff to undertake an annual appraisal of their performance and other periodic reviews to help ensure that staff were supported. The practice had not been operating for 12 months and therefore staff did not have current personal development plans. However all staff had undertaken training in areas such as safeguarding, Mental Capacity Act 2005, radiation and IRMER 2000 regulations. We saw that regular staff meetings were held.

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

The practice had effective systems for acting on patient and staff feedback. Patients' views and feedback was sought by way of a satisfaction questionnaire. We saw that the results from these questionnaires completed between November 2015 and August 2016 indicated a high level of satisfaction with the services provided by the practice.

Regular staff meetings were held and staff who we spoke with told us that their views were sought and they could make suggestions about how improvements could be made to the service.