Altmore Dental Practice

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Inspection Report

33 - 37 Amsterdam Road
Isle of Dogs
London
E14 3UU
33 - 37 Amsterdam Road
Isle of Dogs
London
E14 3UU
Tel: 02075154600
Website:http://www.altmoredental.co.uk/

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Overall summary

We carried out an announced comprehensive inspection on 20 July 2015 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

Altmore Dental Practice is located in the London Borough of Tower Hamlets. The practice is based on the ground floor and consists of two treatment rooms, a dedicated decontamination room and a reception area.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges and oral hygiene.

The staff structure of the practice is comprised of three dentists, two dental nurses, a hygienist, a practice manager and reception staff. The practice was open Monday to Wednesday from 9.00 to 20.00 and then from 9.00am to 18.00 on a Thursday and from 9.00 to 16.30 on a Friday.

One of the dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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 nurse specialist advisor.

We received eight CQC comment cards completed by patients. Those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- 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).
- Equipment, such as the air compressor, autoclave (steriliser), ultrasonic cleaner, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The dentists had a clear vision for the practice and staff told us they were well supported by the management team.
- Risks to patients and staff had been always been suitably assessed and mitigated.
- National guidance on infection control was followed, though improvements could be made to ensure consistency in the cleaning of used dental instruments.
- Review the practice's protocols for the use of a rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the support processes to ensure staff receive regular performance reviews and formal appraisals.
- To maintain written records to evidence that monthly checks were made to help ensure the emergency medicines were safe to use.

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 to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness. The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography. Staff engaged in training to keep their skills up to date.

However, we found that staff were not following the correct protocol for cleaning instruments as they were not cleaning instruments in the sink and then rinsing them in a clean bowl correctly. The provider informed us after the inspection that they had now ensured that all staff followed the correct protocol.

Are services effective?

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

The practice could demonstrate they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments.

The practice maintained appropriate dental care records and details were updated regularly. The practice worked well with other providers and followed patients up to ensure that they received treatment in good time.

Staff engaged in continuous professional development (CPD) and where applicable were meeting the training requirements of the General Dental Council (GDC).

Are services caring?

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

We received feedback from patients through comment cards. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that patient records were stored securely, and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback via a satisfaction survey, and the Friends and Family Test.

There was a complaints procedure and we saw that the practice responded to complaints in line with the stated policy. The outcomes of complaints were reviewed and discussed at staff meetings in order to identify and share strategies for improving the service.

Summary of findings

Are services well-led?

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

The practice had good clinical governance and risk management protocols in place. These were disseminated effectively to all members of staff. A system of audits was used to monitor and improve performance.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentists. Feedback from staff and patients was used to monitor and drive improvement in standards of care and we saw evidence to confirm this.

Altmore Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on the 20 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental nurse specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with six members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed eight Care Quality Commission (CQC) comment cards completed by patients. Comment cards 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

There was an effective system in place for reporting and learning from incidents. There had been no reported incidents in the past year. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The dentists confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. This information was accessible to staff through hard copies.

The registered manager, who was also one of the dentists took the lead in managing safeguarding issues. Staff had completed safeguarding training 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 with the dentists.

The practice had carried out a range of risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had an infection control policy, health and safety policies, and had carried out recent risk assessments relating to the safe use of X-ray equipment, disposal of waste, and the safe use of sharps (needles and sharp instruments).

Although, the practice followed national guidelines on patient safety, not all staff routinely used a rubber dam for root canal treatments in line with national guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth). The provider informed us after the inspection that all clinical staff were now following the recommended guidelines.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support. This training was renewed annually. The staff we spoke with were aware of the practice protocols for responding to an emergency.

The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included emergency medicines (with the exception of buccal midazolam which is a sedative medicine used in the emergency treatment of an epileptic seizure), oxygen and 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). There were face masks of different sizes for adults and children. The equipment was tested regularly and a record of the tests on the AED and oxygen cylinder was kept. We noted that all the emergency medicines were in date and we were told that monthly checks were undertaken, though records were not kept of the monthly checks.

Staff recruitment

The practice staffing consisted of three dentists, two dental nurses, a hygienist, a practice manager and receptionist staff. There was a recruitment policy which had been reviewed in November 2014. We reviewed the staff files and saw that the practice carried out relevant checks to ensure that the person being recruited was suitable and competent for the role. This included the checking of qualifications, identification, registration with the General Dental Council (where relevant) and checks with the Disclosure and Barring Service (DBS) for clinical staff.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety

Are services safe?

policy in place. The practice was responsible for carrying out fire safety checks and the practice had a designated fire marshal who had received training to carry out this role. Staff told us they had received basic fire safety training.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts arrived via email to all three dentists who then disseminated these alerts to the other staff, where appropriate. We could see that the practice had responded to some alerts, for example, information about Ebola risk was displayed in the waiting area following an alert.

There was 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. The plan was reviewed annually and key contacts, for example, for the servicing of equipment were kept up to date in the plan.

Infection control

There were systems in place to reduce the risk and spread of infection but staff did not always follow them. There was an infection control policy and written protocols for the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One of the dentists was the infection control lead. Staff files we reviewed showed that staff regularly attended external training courses in infection control.

The practice had followed some of 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)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which ensured the risk of infection spread was minimised.

We examined the facilities for cleaning and decontaminating dental instruments. There was a dedicated decontamination room. The dental nurses showed us how they used the room, and we noted that they wore appropriate protective equipment, such as heavy duty gloves and eye protection.

We found staff were following the practice's protocol for cleaning instruments manually which was also displayed in the decontamination room. Instruments were soaked in a cleaning solution first and instruments were then scrubbed manually.

However, there was lack of clarity amongst staff about how they should be using the sink and bowl in the surgery room and the decontamination room for cleaning and rinsing instruments. Some staff were cleaning 'dirty' instruments in the sink and also rinsing in the sink and did not use the bowl for rinsing. All unclean instruments must be first cleaned in the sink and then they must be rinsed in a separate sink or a clean bowl. There were designated sinks in all treatment rooms and the decontamination room for hand washing. The provider informed us after the inspection that they had now ensured that all staff followed the correct protocol.

The provider told us that all staff would be alerted to the correct decontamination protocols before they left the practice on the day of inspection, and that additional infection control training would be arranged to support staff.

Staff told us that an illuminated magnifier was used to check for any debris during the cleaning stages. After manual cleaning, instruments were placed in an autoclave (steriliser). Sterilised instruments were then placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure. A log was kept of the results demonstrating that the equipment was working well.

We were told regular infection control audits were carried out by the practice and the most recent audit we were given was completed in 2015.

The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. Staff demonstrated they understood how to dispose of single-use items appropriately.

Are services safe?

Records showed that a Legionella risk assessment had been carried out by an external company in December 2014. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). It was identified that monthly water temperatures were recorded for all water outlets in the practice. We saw written evidence to confirm this was taking place.

The premises appeared clean and tidy. We were told cleaning of the practice was undertaken by an external company. Equipment was stored in the practice and national guidance on colour coding equipment to prevent the risk of infection had been followed. The practice had cleaning schedules for the cleaning company and for practice staff to identify what cleaning tasks were required and where equipment should be used.

There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the, autoclave and X-ray equipment had all been inspected and serviced in 2015. The air compressor was booked to be serviced on 30 July 2015. Portable appliance testing (PAT) was completed annually in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The practice did not stock medication other than emergency medicines. Prescription pads were kept to the minimum necessary for the effective running of the practice and were stored securely. However, the practice was not maintaining a written record to evidence that monthly checks on the emergency medication were made to help ensure that emergency medicines were safe to use.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in both treatment rooms where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. One of the dentists was the radiation protection supervisor (RPS). All clinical staff including the RPS had completed radiation training. X-rays were graded and audited as they were taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with two of the dentists and checked dental care records to confirm the findings. We found that the dentists regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). Dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening

tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The dentist always checked people's medical history and medicines prior to treatment.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients, antibiotic prescribing and wisdom teeth removal. The dentists were aware of the 'Delivering Better Oral Health Toolkit' when considering care and advice for patients. '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.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. Dentists identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. Dentists also carried out examinations to check for the early signs of oral cancer.

We observed health promotion materials in the waiting area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition. There was also information in the waiting area which described the availability of smoking cessation services. Patients we spoke with confirmed that clinical staff provided health promotion information to them during consultations.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies and infection control. There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice.

We were told the dentists met with staff individually to discuss training needs, however these were informal discussions and were not documented. Staff were not engaged in a formal appraisal process whereby their performance could be evaluated and additional training needs, if any, could be identified.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentist used a system of onward referral to other providers, for example, for sedation, oral surgery or advanced conservation. The practice manager and the receptionist ensured that urgent referral letters were faxed the same day that the dentist made the recommendation. Copies of all letters were kept in patients' notes which were stored securely. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Dental care records we checked showed that these

Are services effective?

(for example, treatment is effective)

discussions were recorded. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

The dentists were aware of the Mental Capacity Act (MCA) 2005. They could describe to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. The MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff we spoke with had a clear understanding of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The comments cards we received and the patients we spoke with all commented positively on staff's caring and helpful attitude. Parents were pleased with the level of care their children received. Patients who reported some anxiety about visiting the dentist commented that the dental staff made them feel comfortable and they were well-supported by the staff.

We observed staff were welcoming and helpful when patients arrived for their appointment. The receptionists spoke politely and calmly to all of the patients, and clearly knew some of the patients well. Doors were always closed when patients were in the treatment rooms. Patients indicated they were treated with dignity and respect at all times.

Patient records were stored electronically and in a paper-based format. Electronic records were password protected and regularly backed up. Paper records were stored in locked filing cabinets behind the reception desk. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. For example, the receptionist was careful to close and lock the filing cabinets when the reception area was not staffed. The receptionist's computer screen was positioned in such a way that it could not be seen by patients in the waiting area. Staff also told us that people could request to have confidential discussions in an empty treatment room or in a meeting room, if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of private dental charges or fees. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. There were some information leaflets in the waiting area which described the different types of dental treatments available. The patient feedback we received via comment cards confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentists gave a clear description about which types of treatment or reviews would require longer appointments. They also specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

The dentists told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The practice provided care to a diverse population who spoke a range of different languages. The practice staff had access to a translation service.

The practice was located on the ground floor and the layout was accessible to patients with mobility challenges.

Access to the service

The practice was open Monday to Wednesday from 9.00 to 20.00 and then from 9.00am to 18.00 on a Thursday and from 9.00 to 16.30 on a Friday. The practice displayed its opening hours on their website and in the practice leaflet. New patients were also given a practice information leaflet which included the practice contact details and opening hours.

Patients could book an appointment up to two weeks in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentist.

We asked the receptionist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message and the practice leaflet gave details on how to access out of hours emergency treatment. Information about local emergency dental services was also displayed at the practice entrance. Staff told us that the dentist planned in some gaps in their schedule on any given day which meant that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients. Information was displayed in the reception area and on the practice leaflet about how to make a complaint. There had been two written complaints recorded in the past year. This was dealt with in line with the practice policy.

The practice also collected feedback through their own patient survey and the results were displayed in the waiting area. We saw that complaints and patient feedback had been discussed at practice meetings to share any wider learning points which could lead to improvements in the service. The feedback collected during the past year indicated a high level of satisfaction, and we saw that the practice had acted on this feedback where possible.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a clear management structure. There were relevant policies and procedures in place, and were reviewed annually. Staff were aware of these policies and procedures, we found they were always acting in line with them. Staff were being supported to meet their professional standards and complete continuing professional development standards set by the General Dental Council. Records relating to patient care and treatment were kept accurately.

There were arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. These assessments were being used effectively to drive improvements in a timely manner. For example, advice in the Legionella risk assessment had been acted on to minimise risks.

Practice meetings were scheduled to take place every month to discuss governance issues, complaints, incidents, patient feedback, health and safety information, and practice protocols. Practice meetings had been taking place since 2012 and the minutes for these meetings were made available to us.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the dentists or practice manager. They felt they were listened to and responded to when they did so.

We spoke with the dentist who was also the registered manager who told us they were committed to both maintaining and continuously improving the quality of the care provided to patients. They had a clear vision about the future of the practice. Staff were aware of these plans and the overall vision.

One of the dentists told us they had regular one-to-one sessions with staff to cover such topics such as additional training and career goals; however these meetings were informal and not documented. They told us they would implement a formal staff appraisal process. The staff we spoke with all told us they enjoyed their work and were well-supported by the management team.

Learning and improvement

We found that clinical and non-clinical audits were undertaken at regular intervals. These included areas such as infection prevention and control, clinical record keeping, X-ray quality, child protection and complaints handling. We looked at a sample of these. This showed that the practice was maintaining a consistent standard such as in patient assessment and medical history updating.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey. The survey covered topics such as the quality of information provided by staff, cleanliness of the premises, and general satisfaction with care. Forty five responses had been received with all of these indicating a high level of satisfaction with the care provided. We noted that the practice acted on feedback from patients where they could.

Staff described an open culture where feedback between staff was encouraged in order to improve the quality of the care.