We carried out an announced comprehensive inspection of Woolwich Dental Centre on 30 January 2018.

To get to the heart of patient's experience of care and treatment we asked 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 formed the framework for the areas we looked at during the inspection.

**Our findings were:**

<table>
<thead>
<tr>
<th>Are services safe?</th>
<th>No action required</th>
<th>✓</th>
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<tbody>
<tr>
<td>Are services effective?</td>
<td>No action required</td>
<td>✓</td>
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<tr>
<td>Are services caring?</td>
<td>No action required</td>
<td>✓</td>
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<td>Are services responsive?</td>
<td>No action required</td>
<td>✓</td>
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<tr>
<td>Are services well-led?</td>
<td>No action required</td>
<td>✓</td>
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Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Officer General’s office.

This inspection was led by a CQC inspector and supported by a specialist military dental officer advisor.

Background to this practice

Located near the centre of Woolwich in the Royal Artillery Barracks, Woolwich Dental Centre is a two-chair practice providing a routine dental service to a military population of 850 to 900 infantry and artillery soldiers, as well as providing emergency dental treatment to reservist/non-entitled military personnel. The mission statement for the practice is “To contribute to military capability through delivery of quality dental care for the armed forces on operations and during peace time”. The team of military and civilian staff included the senior dental officer, a part time dental hygienist and two dental nurses. The practice manager responsible for the day-to-day running of the practice had recently left the service and recruitment was in progress to fill the post. The dental centre is open Monday to Thursday from 07:30 to 16:30 and on Fridays from 07:30 to 13:00. The practice provides an emergency service during working hours and when the practice is closed. Patients can be referred internally and to the local NHS Trust for treatment not provided at the dental centre.

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice manager. During the inspection we spoke with the previous practice manager who came in to support the team with the inspection, the senior dental officer, the dental therapist, two dental nurses and a member of the contract team responsible for health and safety. We looked at practice systems, policies, standard operating procedures and other records in relation to how the service was managed. We also checked the building, equipment and facilities.

On the day of inspection we collected eight CQC comment cards completed by patients prior to the inspection. We also spoke with two patients who were attending the dental centre for an appointment. All the feedback from patients was positive, including their experience of treatment and care at the practice.

Our key findings were:

- The practice used a DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults and young people.
• Staff were appropriately recruited and received a comprehensive induction when they started work at the practice. Their required training was up-to-date and they were supported with continuing professional development.
• The clinical staff provided care and treatment in line with current guidelines.
• Staff treated patients with dignity and respect and took care to protect patient privacy and personal information.
• Staff took account of diversity in meeting the needs of patients.
• The appointment and recall system met both patient needs and the requirements of the chain of command.
• The practice had effective leadership. Staff felt involved and supported, and worked well as a team.
• The practice asked patients for feedback about the services they provided.
• An effective system was in place for managing complaints.
• Medicines and life-saving equipment were available in the event of a medical emergency.
• Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
• Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt and the outcome of audit.

We found areas where the practice could make improvements. CQC recommends that the practice:

Review the arrangements with external departments and contractors responsible for health and safety, including fire and water safety to ensure the outcome of assessments, audits and routine safety checks are made available to the dental centre.

Dr John Milne MBE BChD, Senior National Dental Advisor
(on behalf of CQC’s Chief Inspector of Primary Medical Services)
Our findings

We found that this practice was safe in accordance with CQC’s inspection framework

Reporting, learning and improvement from incidents

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events, incidents and near misses. All staff had access to the system to report a significant event. They were clear in their understanding of the types of significant events that should be reported and understood how to report an incident, including when to report in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice manager maintained a log of significant events, including the action taken and lessons learnt. The log identified that three significant events had been reported in the last 12 months. We discussed two of these with the practice manager. They related to the reporting of medical emergencies and had been effectively managed. Lessons learnt and changes made to practice were clearly evident.

The practice manager was informed by Regional Headquarters (RHQ) about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). All staff were registered to receive the alerts by email. The MHRA and CAS alerts received were logged and saved. As a standard agenda item, they were discussed at the monthly practice meetings. Staff confirmed that they checked the AED (automated external defibrillator) when an alert was received in relation to this equipment.

Reliable safety systems and processes (including safeguarding)

The senior dental officer (SDO) was the safeguarding lead for the practice and had completed level 2 safeguarding training. The remainder of the staff team had completed training at a level appropriate to their role. Training was refreshed every three years. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. A safeguarding policy and procedure was in place, and was accessible to provide staff with information about identifying, reporting and dealing with suspected abuse.
The practice had not had to manage a safeguarding concern. It did not treat children and at the time of the inspection there were no vulnerable adults registered. Staff highlighted that there was a potential for patients aged 16 to 18 to be treated at the practice. The dentists were always supported by a dental nurse when assessing and treating patients. The therapist had the support of a dental nurse if one was available. They sometimes treated patients alone. A risk assessment was not in place to support this and shortly after the inspection the SDO provided evidence that a risk assessment had been completed.

A whistleblowing policy was in place and available to staff. Staff accurately described what they would do if they wished to report in accordance with the policy. They said they felt confident they could raise concerns without fear of recrimination.

We looked at the practice’s arrangements for safe dental care and treatment. These included regularly reviewed risk assessments. The practice followed relevant safety laws when using needles and other sharp dental items. The dentist routinely used rubber dams when providing root canal treatment in line with guidance from the British Endodontic Society. They also used a rubber dam for some other complex treatments, such as large composite restorations. A detailed protocol was in place to minimise the risk of a ‘wrong tooth’ extraction.

A business resilience policy and disaster recovery plan was in place, which set out how the service would be provided if an incident occurred that impacted on its operation.

**Medical emergencies**

A member of staff was identified as the lead for medical emergencies. Records identified that staff were up-to-date with training in managing medical emergencies, including emergency resuscitation and the use of the automated external defibrillator. This training was refreshed every six months. Simulated emergency scenarios took place as part of the basic life support training. Daily checks of the medical emergency kit, including the medicines and oxygen, were recorded and demonstrated that all items were present and in-date.

The medical emergency kit was located in the corridor outside the surgeries during working hours and then secured in a surgery when the practice was closed, including during the lunch hour. The controlled drugs (medicines with a potential for abuse or addiction) used in the event of a medical emergency were stored along with the emergency kit. Staff confirmed that patients were always escorted to and from the surgery so would not have access to the kit. There had been two medical emergencies at the practice. Staff demonstrated that they had been managed efficiently and effectively. Measures had been put in place to minimise the risk of such a medical emergency occurring again.

A first aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training.

**Staff recruitment**

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

The system also monitored each member of staff’s registration status with the General Dental
Council (GDC). The practice manager confirmed all staff had professional indemnity cover. Information was in place to confirm staff had received all the relevant vaccinations required for their role at the practice.

**Monitoring health & safety and responding to risks**

Organisation-wide health and safety policy and protocols were in place to support with managing potential risk. These, along with local health and safety information, were available for staff to access. A health and safety officer located in the Quarter Master department conducted an annual health and safety audit of the premises in May 2017. A report following this audit had not been issued to the practice despite the practice manager requesting this.

The SDO had assumed the lead for health and safety whilst a new practice manager was being recruited. A wide range of risk assessments were in place, including assessments in relation to the environment and use of equipment. Assessments had been reviewed in August and October 2017. Records demonstrated that staff were up-to-date with health and safety training. Training was provided at induction and through on-line courses. A risk register was in place for the practice and this was routinely monitored to ensure it was up-to-date.

The management of fire systems at the practice was undertaken by the Quarter Master department for the barracks. Staff confirmed that a fire risk assessment had been undertaken for the building but a copy of this had not been made available to the practice. Fire safety checks of equipment were undertaken annually but again evidence to support this was not held at the practice. Staff advised us that a fire book with records of routine checks was held in a central foyer of the building shared with another department. This fire book was missing on the day of the inspection. Staff demonstrated that two fire drills had been facilitated in 2017, the most recent in October 2017.

A lead for the management of COSHH was in place and had carried out an annual review of the COSHH products used at the practice, or an additional review if there were any changes to the products used. COSHH risk assessments and product data sheets were available for staff to reference. Product data sheets provide information about each hazardous product, including handling, storage and emergency measures in case of an accident.

**Infection control**

Located in the decontamination room, the infection prevention and control (IPC) policy and procedures were current and took account of the guidance outlined in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. One of the dental nurses was the dedicated lead for IPC and had completed relevant training, including annual refresher training, for the role. Staff were up-to-date with IPC training and records confirmed they completed regular refresher training.

Decontamination of dental instruments took place in the well laid out and equipped decontamination room. Sterilisation was undertaken in accordance with HTM 01-05. Routine checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. The surgeries, including fixtures and fittings, were tidy, clean and clutter free. Clean and dirty areas were clearly labelled and were used correctly by staff. Instruments and materials were checked regularly; we noted they were appropriately stored and all were within their sterilisation use-by-date. IPC audits were undertaken twice a year by the IPC lead. The last audit was undertaken in October 2017. The outcomes of the audits were shared with the staff team at the practice meetings. Water lines were well managed at the practice. They were flushed in...
accordance with guidance, and the water quality checked daily with a test kit. In addition, water was tested every six months to ensure it was safe.

Staff advised us that the information and records in relation to the management of legionella and monitoring of water temperatures were held by the responsible contractor for the Ministry of Defence. Despite requesting so, the contractor would not share the risk assessment, written waterline management scheme and water temperature checks with the practice manager ahead of the inspection. At our request a member of staff brought this information to the dental centre and we were permitted to look at it under supervision. The information confirmed that a legionella risk assessment had taken place in June 2015 and was refreshed in December 2017. We were able to confirm that water temperatures were checked in January 2018 and were within the correct parameters. At our request, the contractor subsequently provided the full record of monthly temperature checks for 2017.

Environmental cleaning was carried out by a contracted company twice a day. The practice was clean when we inspected and patient feedback did not highlight any concerns with the cleanliness. Environmental cleaning equipment was used and stored in accordance with national guidance.

Arrangements were in place for the segregation, secure storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum. Clinical waste was collected weekly or more frequently if required. Consignment notes were in place and a clinical waste log maintained.

**Equipment and medicines**

Equipment logs were maintained by the practice manager which kept a track of when equipment was due to be serviced. The autoclave, compressor and ultrasonic bath had all been serviced during 2017. All other routine equipment checks, including clinical equipment, were in-date and in accordance with the manufacturer’s recommendations. An equipment service audit was undertaken annually and it last took place in May 2017. A safety test of portable electrical appliances was undertaken in November 2017.

Prescription sheets were numbered and stored securely in a wall mounted cabinet. Antibiotics were held at the practice, stored securely and the expiry dates checked regularly. Medicines that required cold storage were kept in a fridge, the temperature of which was checked daily. Checks of medicines, including the controlled drugs, were undertaken regularly with periodic checks by the SDO.

**Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor were identified for the practice. Signed and dated Local Rules were displayed in each surgery, along with safety procedures for radiography. Evidence was in place to show equipment was maintained every three years.

To corroborate our findings we looked at a range of patient dental records. They showed the dentists justified, graded and reported on the X-rays they took. In accordance with current guidance and legislation the SDO carried out a bi-annual radiology audit. Staff were up-to-date with dental radiography training and they had completed it as part of their continuous professional development.
Our findings

We found that this practice was effective in accordance with CQC’s inspection framework

Monitoring and improving outcomes for patients

We looked at a range of patient dental records to corroborate our findings. The records were of a very high standard, containing comprehensive information about each patient’s current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded, and for all patients the records showed that treatment options were discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation and this was verbally checked for any changes at each subsequent appointment.

Patients’ treatment needs were assessed by the dentist in line with recognised guidance. Treatment was planned and delivered by both the dentist and hygienist in accordance with the BPE (basic periodontal examination - assessment of the gums) and caries (tooth decay) risk assessment. The dentist also followed appropriate guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. Feedback from patients indicated that the assessment and treatment they received was thorough.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure better oral health. This was undertaken in line with the Delivering Better Oral Health toolkit. Dental records showed that lifestyle habits of patients, such as smoking and drinking, were included in the dental assessment process. An alcohol consumption audit was completed with all patients. Oral hygiene advice was given to patients on an individual basis, including discussions about lifestyle habits. The application of fluoride varnish and the use of fissure sealants were options the clinicians considered and applied if necessary. Equally, high concentration fluoride toothpaste was prescribed where appropriate. Referrals could be made to other health professionals, such as referrals to the medical centre for advice about smoking, diet and alcohol use.

Oral health displays were evident in the patient waiting area. Staff said the displays were refreshed on a regular basis and they often targeted population need and/or seasonal activities, such as Stoptober. The practice supported other oral health promotion campaigns, including Smile Week and Mouth Cancer Awareness Week. The dental team participated in the health and wellbeing promotion fairs regularly held at the barracks. We were provided with an activity report following such an event held in November 2017. It indicated that the aims and objectives the dental practice set out had been met, including reaching out to 1000 soldiers who attended the fair. Photographs taken on the day showed soldiers interacting with staff at the dental display.

The SDO attended quarterly unit health committee meetings with unit commanders to provide updates on the military dental targets and review the status of failed attendance at dental appointments (referred to as FTAs). The chain of command was notified by the SDO on a daily
Staffing

Staff new to the practice had a period of induction that included a generic programme and induction tailored to the dental centre. We spoke with a member of staff who described a detailed induction programme when they first started that took account of areas, such as health and safety, fire, complaints, IPC and operational systems. New staff also received guidance and training in how to use the electronic patient record system.

We looked at the organisational-wide electronic system that recorded and monitored staff training and appraisal. Through this we confirmed all staff (unless mitigating circumstances) were up-to-date with the training they were required to complete. The training included safeguarding, equality and diversity, workplace safety, business continuity, IPC, medical emergencies and information governance. One of the nurses had received additional training to apply fluoride varnish.

The system showed clinical staff were undertaking the continuing professional development (CPD) required for their registration with the General Dental Council. With their consent, we looked at the CPD records for two members of staff and noted that development, including training was regular and evidence based. Staff attended six monthly regional training days that provided CPD and peer support opportunities.

Working with other services

The practice could refer patients to a range of services if the treatment required was not provided at the practice. These services included referrals to enhanced military dental practices (practices providing additional services, such as endodontics) and external referrals to a local NHS trust for oral surgery. Staff were aware of the referral protocol in place for suspected oral cancer under the national two week wait arrangements. This was initiated in 2005 by The National Institute for Health and Care Excellence (NICE) to help make sure patients were seen quickly by a specialist. One of the dentists and a nurse maintained a referral log and this was checked regularly to ensure urgent referrals were dealt with promptly, and other referrals were progressing in a timely way.

Consent to care and treatment

Staff we spoke with understood the importance of obtaining and recording patient’s consent to treatment. They said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The dental records we looked at confirmed this. Verbal consent was taken from patients for routine treatment. For more complex procedures, full written consent was obtained. Feedback informed us that patients were satisfied that they received clear information about their treatment and treatment options were discussed with them.

Even though capacity assessments had not been used, the SDO had a good awareness of the Mental Capacity Act (2005) and how it could apply in context.
Our findings

We found that this practice was caring in accordance with CQC's inspection framework

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people’s diversity and human rights. Feedback from patients, including the eight feedback cards completed by patients prior to the inspection, suggested patients were pleased with the way staff treated them. Emerging themes suggested staff were both professional and respectful. They said the treatment they received was thorough with the clinician offering explanations at all stages of the process.

The SDO advised us that acclimatisation visits prior to invasive procedures could be arranged for patients who were anxious. If necessary, other strategies for reducing anxiety could be considered, such as referral to the mental health team, medication pre-treatment or as a final option referral to an enhanced practice for conscious sedation.

The waiting room was separate from the reception so conversations, including telephone conversations could not be overheard. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. Staff password protected patient electronic care records and backed these up to secure storage. Paper records were stored securely in locked metal cabinets.

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed in the patient waiting area and available in the practice leaflet.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support with making treatment choices. The dental records clearly showed patients were informed about the treatment choices available and were involved in decision making. A range of oral health information and leaflets were available for patients and a wide range of this information was accessible to patients in the waiting area.
Are services responsive to people’s needs? 
(for example, to feedback?)

Our findings

We found that this practice was responsive in accordance with CQC’s inspection framework

Responding to and meeting patients’ needs

Patient feedback suggested a high level of satisfaction regarding the responsiveness of the practice, including access to a dentist for an urgent assessment and emergencies out-of-hours.

The practice also took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every six to 24 months depending on a dental risk assessment and rating for each patient. Check-ups were booked depending on the patients’ assessed recall need. A list of patients and their recall dates was sent to the chain of command a month in advance. If a patient was due a check-up when they were deployed then their recall date was brought forward two months ahead of their deployment date. With sufficient notice, the practice also had the option to block book appointments for a whole unit who were due to deploy.

Patients could make routine appointments between their recall periods if they had any changes to or concerns about their oral health. In the case of emergencies, patients were advised to contact the practice at 07:30 hours. The dentist retained emergency slots each day. If all emergency slots were filled then staff would work later into the evening to ensure patients were seen.

Promoting equality

An access audit as defined in the Equality Act 2010 had not been completed for the premises. This audit forms the basis of a plan to support with improving accessibility of premises, facilities and services for patients, staff and others with a disability. To accommodate wheelchairs users, there was level access via the backdoor which had automatic door opening (this was broken at the time of our inspection). A hearing loop was not available as this had not been identified as a need for the population at the station. Staff had access to a translation service should the need arise.

Staff took account of diversity in how they worked. They provided an example of how they effectively accommodated a patient who was fasting when their appointment was due. The staff team was fully female so if patients wished to be seen by a male clinician then they could be signposted to another defence dental centre.

Access to the service

The opening hours of the practice were displayed in the premises, recorded on the answer phone message and available in the practice leaflet. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. On-call arrangements were in place for access to a dentist outside of working hours and details of this were held at the guardroom should patients require this information when the practice was closed.
Concerns and complaints

The SDO had overall responsibility for complaints. The practice manager had the delegated responsibility for managing the complaints process. A complaints procedure was displayed in the waiting area for patients and summarised in the practice leaflet.

Staff had received training in complaints so were familiar with the policy and their responsibilities. Processes were in place for documenting and managing complaints. A process was in place for managing complaints, including a complaints register. The practice had not received any complaints.
Our findings

We found that this practice was well-led in accordance with CQC’s inspection framework

Governance arrangements

The senior dental officer (SDO) had overall responsibility for the management and clinical leadership of the practice. The practice manager had the delegated responsibility for the day to day running of the service. All staff were accountable to the SDO.

The practice manager provided an overview of the governance arrangements for the dental centre. An internal quality assurance tool, the DMS Common Assurance Framework (CAF) was used to monitor safety and performance of military primary health care services, including dentistry. The CAF was formally introduced in September 2009 and since that time has been the standard healthcare governance assurance tool utilised by practices to assure the standards of health care delivery within DMS. When a CAF review is undertaken by regional headquarters (RHQ) it is referred to as a Health Governance Assurance Visit (HGAV). The last HGAV was undertaken in June 2016 and the one improvement action identified had been completed. The current CAF showed 95% compliance with the standards.

A report was sent to RHQ each month that reported on a range of clinical and non-clinical statistics and activity at the practice. For example, the report included an update on the status of the practice’s performance against the military dental targets, complaints received and significant events. The practice also submitted quarterly reports to RHQ with updates on the status of the CAF.

A framework of organisation-wide policies, procedures and protocols were in place. In addition, there were dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they made reference to them throughout the inspection. Risk management processes were in place to ensure the safety of patients and staff working at the dental centre. They included risk assessments relating to clinical practice, the environment and use of equipment. A range of checks and audits were in place to monitor the quality of service provision.

Clear lines of communication were established within the practice. The team met informally on a daily basis to review the work for the day. The main forum for sharing information was through formal practice meetings held each month. The meetings took into account managerial and clinical matters and detailed meeting minutes were produced and made available to all staff.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had their login password to access the electronic systems. They were not permitted to share their passwords with other staff. Paper records were stored securely.
Leadership, openness and transparency

It was clear from spending the day at the practice that staff worked well together and valued each other’s contribution to the team. They felt they worked well as a team and treated each other with respect. Staff spoke highly of the leadership at the practice, indicating that the culture was open and transparent so they would be confident raising any concerns.

Staff were aware of their responsibilities in relation to duty of candour requirements. They provided us with an example of a near miss which showed duty of candour principles were applied in how the near miss was managed. The near miss had also been recorded as a significant event.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were evident at the practice. A programme of audit was in place including: an infection prevention and control (IPC) audit every six months, radiology audit, record keeping audit and care quality assessment (CQA) audit. Audits were also undertaken in relation to complaints and equipment. Evidence was in place to demonstrate that action and/or improvement had been made as a result of audit. For example, the SDO was undertaking an MSc in restorative dentistry as a result of the CQA audit.

The staff team attended a regional training day three times a year, where they received training updates and had an opportunity to participate in clinical peer review. Staff received mid and end of year annual appraisal. We saw from the staff monitoring system that staff appraisals were up-to-date.

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

A new process had been introduced to seek patient feedback. We saw examples of surveys completed by patients. These were then added to the system electronically and sent to RHQ for analysis. A suggestion box was located in the waiting area and the practice manager monitored it on a regular basis.

A system was in place for staff to provide feedback to the Officer General each year. The appraisal process also encouraged staff to give feedback on the service.