Overall summary

We carried out an announced comprehensive inspection of Cottesmore Dental Centre on 11 June 2019.

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 Defence Medical Services Regulator’s office.

This inspection was led by a CQC inspector and supported by a second CQC inspector, a specialist military dental officer advisor and a dental practice manager/nurse advisor.

Background to this practice

Located in Kendrew Barracks, Cottesmore Dental Centre serves a number of regiments from the British Army. The three-chair practice provides a routine dental service to forces personnel. Families and dependants are not normally registered and signposted to local dental services. At the time of inspection, the practice patient register numbered approximately 1,320 patients, with an additional 480 from an additional regiment due to rebase in August 2019.

The mission statement for the practice aligns with that of DPHC (Defence Primary Health Care) and is to “deliver a unified, safe, efficient and accountable primary healthcare and dental care service for entitled personnel in order to maximise their health and to deliver personnel medically fit for operations.”

The Centre has a mix of military and civil service staff. There are seven posts and the current establishment and staffing gaps are outlined in the table below:

<table>
<thead>
<tr>
<th>Position</th>
<th>Numbers</th>
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<tbody>
<tr>
<td>Military Senior Dental Officer</td>
<td>1 Military staff in post</td>
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<tr>
<td>Military Practice Manager</td>
<td>1 Military staff in post</td>
</tr>
<tr>
<td>Military Dental Nurse</td>
<td>1 Military staff in post</td>
</tr>
<tr>
<td>Civilian Dental Practitioner (CDP)</td>
<td>1 Part time civilian dentist in post</td>
</tr>
<tr>
<td>Civilian Dental Nurse Band 3</td>
<td>1 Civilian dental nurse in post</td>
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</tbody>
</table>
The dental centre is open Monday to Thursday 08.00 to 12:30 and 13:30 to 16:30 and on Fridays from 08:00 to 14.30. The practice provides an emergency service during working hours. When the practice is closed dental duty is shared between all the dental centres in the East Region. 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. During the inspection we spoke with the practice manager, the senior dental officer, two dental nurses and the receptionist. 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 37 CQC comment cards completed by patients prior to and during the inspection. We also spoke with three patients who were attending the dental or medical centre for an appointment. All the feedback from patients was positive.

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 risks.
- Suitable safeguarding processes were established and staff knew their responsibilities for safeguarding adults and young people.
- Staff were appropriately recruited and received a comprehensive induction when they started work at the practice. Mandatory training was up-to-date for all staff.
- The clinical staff provided care and treatment in line with current guidelines. Clinical notes were exemplary.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients’ needs.
- The practice asked patients for feedback about the services they provided and made improvements to the service based on the feedback.
- There was a system in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- Infection control guidelines were being followed and standards met.
• Systems for assessing, monitoring and improving the quality of the service were in place.

• Staff appreciated and responded to the leadership of the Senior Dental Officer and the practice manager who they saw as inclusive and highly supportive.

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

• Review the access arrangements for emergency medicines.

• Arrange for a sign to be displayed in the waiting area advising of the location of the defibrillator.

We found areas where practice was notable:

• The practice demonstrated an innovative and proactive approach to oral health promotion.

• The leadership of the practice was inclusive and both patients and staff consistently referred to a culture of support, individual development, a strong team ethos and effective communication. This culture was seen to be driving improvement and excellence throughout.

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 and incidents. Permanent staff had access to the system to report a significant event. Staff 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 maintained a log of significant events, including the action taken and lessons learnt. The log identified that four significant events had been reported in the last 12 months. Significant events had been discussed at practice team meetings and staff we spoke with confirmed what they had learned. For example, the practice implemented an effective tracking system for laboratory work after a second set of impressions were not received contrary to postal records that evidenced they had been sent.

The Senior Dental Officer (SDO) and Practice Manager were 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). The MHRA and CAS alerts received were logged and saved and any required action undertaken. They were added to a shared folder accessed electronically and an electronic response system provided an audit trail of them being read by individual staff.

Reliable safety systems and processes (including safeguarding)

The senior dental officer (SDO) was the safeguarding lead for the practice and had completed level three safeguarding training. All other members of the staff team had completed level three or level two safeguarding training appropriate to their roles. 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 contact list displayed on the staff noticeboard contained the local contact details needed to appropriately signpost staff who needed to raise a concern. Staff told us that they could approach the SDO if they needed to report suspected abuse.

The dentists were always supported by a dental nurse when assessing and treating patients. Due to staffing constraints, nurses were unable to work as chaperones for the dental hygienist.
Following a risk assessment, a panic button was installed. Where staff worked alone at the practice, there was a lone working policy in place to guide staff.

A whistleblowing policy was available to staff electronically and an information poster was displayed on the staff noticeboard. Staff were aware of the ‘freedom to speak up guardians’, had completed training and described what they would do if they wished to report a concern.

We looked at the practice’s arrangements for safe dental care and treatment. These included risk assessments. The practice was following relevant safety legislation when using needles and other sharp dental items. A needle stick injury policy was available in all surgeries.

The dentists routinely used rubber dams when providing root canal treatment in line with guidance from the British Endodontic Society. There was evidence of a clamp seen on radiographs and the clamps and frame were in excellent condition.

A comprehensive 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**

The dental nurse (daily check) and SDO (weekly and monthly check) maintained oversight of the defibrillator and emergency drugs kit. All staff were aware of medical emergency procedure and knew where to find medical oxygen, emergency drugs and equipment. Records identified that staff were up-to-date with training in managing medical emergencies, including emergency resuscitation and the use of the AED (automated external defibrillator). Simulated emergency scenarios were used to provide practical learning. Daily checks of the medical emergency kits 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 in a secure place when the practice was closed. Staff were aware of the location of the medical oxygen, however there was no signage on the door. The storage arrangements of an emergency medicine used to control convulsions could potentially result in delayed access.

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 an enhanced 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 in line with requirements.

The practice manager monitored (monthly check) each member of staff’s registration status with the General Dental Council (GDC). The dentists and dental hygienist had personal cover and the dental nurse had professional Crown 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**

A number of local health and safety policy and protocols were in place to support with managing potential risk. The fire risk assessment was comprehensive and included risks and contingencies. Staff received annual fire training and evacuation drills were carried out monthly. Fire alarms were tested weekly and fire evacuation drills were carried out monthly. Portable
appliance testing had been carried out in line with the policy. A COSHH (Control of Substances Hazardous to Health) risk assessment had been undertaken, along with routine environmental checks to ensure that the building was safe for patients and staff.

The base had been identified as an area with high levels of radon gas (a radioactive gas that comes from the rocks and soil that can only be detected using specialist equipment and is the second largest cause of lung cancer). A risk assessment carried out monitored individual rooms and identified that, although levels were below those deemed unsafe, some rooms in the building had been isolated and there was a plan to fit an underground pump to capture released radon. The risks and findings had been discussed with all staff and it was agreed that it was safe to continue work in the building, and through continuing monitoring of radon levels, escalate a request not to use the building if levels worsened.

**Infection control**

An Infection prevention and control (IPC) policy was available to all staff. It included supporting protocols, which 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. A dental nurse took the IPC lead at the practice, deputised by the practice manager and supported and overseen by the Senior Dental Officer. The IPC lead had received relevant training for the role. Other practice staff were up-to-date with IPC training. IPC audits were undertaken twice a year by the IPC lead and we saw that any issues had been swiftly resolved.

The surgeries, including fixtures and fittings, were tidy, clean and clutter free. Environmental cleaning was carried out by a contracted company twice daily. Clean and dirty areas were clearly labelled and were used correctly by staff.

Sterilisation was undertaken in accordance with HTM 01-05. Routine checks were in place to monitor that the ultrasonic baths and autoclaves were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were routinely checked by staff: we saw that the sterilisation use-by-date was in place and we did not note any out of date items. Equipment was checked using a magnifying light. Funding had been approved and there were plans for a purpose built central sterile services department (CSSD).

The legionella risk assessment for the practice had been undertaken by an external assessor and it was specific to the requirements within the dental centre. Testing records were documented and seen to be in date and in line with the frequency stipulated within the risk assessment.

**Equipment and medicines**

Equipment logs were maintained to keep a track of when equipment was due to be serviced. Autoclaves had been serviced and replaced as necessary. All other routine equipment checks, including clinical equipment, were in-date and in accordance with the manufacturer’s recommendations. A safety test of portable electrical appliances had been completed. One treatment room had been without suction for approximately 12 months. Risks had been mitigated by not carrying out certain procedures and coordinating the use of the other two treatment rooms had minimised the impact on patients. The practice had acted in a timely way to resolve this but remedial action had been delayed by diagnostics to establish the cause and a need to secure funding and authorisation for the work to be carried out. The work was pending at the time of the inspection.
Prescription sheets were numbered and stored securely. Antibiotics were held at the practice and monthly checks undertaken by the SDO. Protocols were in place for the safe management of antibiotics and correct labelling techniques were in place. Medicines that required cold storage were kept in a fridge, the temperature of which was checked twice daily. Nursing staff knew what to do if temperatures fell outside safe parameters.

Checks of medicines, including controlled drugs (CDs), were routinely undertaken by the practice staff with periodic checks by the SDO and the station duty officer (CDs).

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. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training, had received relevant updates.

To corroborate our findings, we looked at range of patient’s dental care records. They showed the dentists justified, graded and reported on the X-rays they took. In accordance with current guidance and legislation each dentist carried out an annual radiology audit.

Are services effective?
(for example, treatment is effective)

Our findings

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

Monitoring and improving outcomes for patients

Patients’ treatment needs were assessed by the dentist in line with recognised guidance. For example, wisdom teeth management was conducted in line with the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) guidelines. Treatment was planned in accordance with the BPE (basic periodontal examination - assessment of the gums) and caries (tooth decay) risk assessment. There was a protocol based on the British Society of Periodontology (BSP) guidelines to encourage interaction between the SDO, dental hygienist and the CDP. The dentists also followed appropriate guidance in relation to recall intervals between oral health reviews. Feedback from patients indicated that the assessment and treatment they received was comprehensive and effective.

We looked at patients’ dental records to corroborate our findings. The records were detailed; containing comprehensive information about the patient’s current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded, and 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.
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 if necessary. Equally, high concentration fluoride toothpaste was recommended to high risk patients. A dental message of the week was included on unit orders and the practice used display boards effectively to promote oral health. For example, the practice displayed information on what should be considered when venturing abroad for dental treatment.

The dental team participated in the health and wellbeing promotion fairs held at the barracks. We reviewed the materials used to provide young soldiers with supportive oral care information and found that they were appropriate and effective.

The SDO attended 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). Oral health promotion matters were also discussed, such as the uptake of smoking cessation.

Staffing

Staff new to the practice had a period of induction that included a generic programme and induction tailored to the dental centre. Our review of induction records and discussion with staff indicated that induction programmes had been completed, prior to clinical work being undertaken by new staff members.

We looked at the organisational-wide electronic system that recorded and monitored staff training and appraisal. Through this, we confirmed that all staff had completed mandatory training, received annual appraisals and were encouraged to develop professionally through external and internal training, peer review and attendance at regional continuing professional development (CPD) days.

The system showed clinical staff were undertaking the CPD required for their registration with the General Dental Council.

Working with other services

The practice could refer patients to a range of services if the treatment required was not provided at the practice. For example, referrals to Fitzwilliam and Peterborough Hospital for suspicious lesions and to the Centre for Restorative Dentistry (CRD) in Aldershot for restorative specialties, implants and orthodontics. Staff were aware of the referral protocol in place for suspected oral cancer under the national two week wait arrangements. A referral log was checked by the practice manager regularly to ensure urgent referrals were dealt with promptly, and other referrals were progressing in a timely way.

Consent to care and treatment

Staff 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 care 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 very satisfied that they
received clear information about their treatment and that treatment options were discussed with them.

Staff had a good awareness of the Mental Capacity Act (2005) and how it applied in their setting and daily work. All staff had completed training and posters that set out the key messages were displayed in the reception area.

**Are services caring?**

**Our findings**

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

**Respect, dignity, compassion and empathy**

Staff were aware of their responsibility to respect people’s diversity and human rights. We spoke with three patients on the day of the inspection and received written feedback from 37 patients. Patients said that they received a good standard of service. Emerging themes highlighted high levels of patient satisfaction in relation to the way they were treated by staff. This feedback was consistent with the six comments written into the comments book in the last 12 months. Patients complimented the practice staff on their communication. Patient feedback also indicated staff were understanding and put them at ease if they felt nervous about having dental treatment. If a patient was anxious about receiving dental treatment then it was discussed at their appointment and recorded in the patient record if appropriate. Although there was no formal process in place, patients were offered the last appointment of the day to allow for a longer consultation. A brief guide on ‘dental anxiety and phobia’ was available in the patient waiting area.

The waiting area was close enough to the reception for conversations to be overheard. Staff told us that they played music to promote confidentiality and did not discuss treatment in this area. Patients could be brought through to a private area if required. 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’s electronic care records and backed these up to secure storage.

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.

**Staff could support patients who do not speak English as a first language through a translation service.**

**Involvement in decisions about care and treatment**

Patient feedback suggested staff provided clear information to support making treatment choices. The dental records clearly showed patients were informed about the treatment choices available and were involved in the 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.
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.

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. Patients could make routine appointments between their recall periods if they had any changes to or concerns about their oral health.

The practice met any urgent patient needs with a same day appointment. In the event of all urgent appointments being filled, requests were referred to the SDO. The military dental nurse was the lead for oral health promotion and activities undertaken highlighted a proactive and innovative approach. For example, as well as attending health fairs, the practice had held an education session on oral health at the school on camp and had secured money to fund an electric toothbrush given as a prize for the best ‘Oral Dental Foundation Questionnaire’. The patient survey included a request for feedback on oral health promotion work.

Promoting equality

The premises were accessible to patients using a wheelchair and with reduced mobility. A rear fire exit identified as not suitable for a wheelchair had been recorded and mitigated by the use of alternative evacuation points. Because of the skill and gender mix within the team, patients would need to travel to another practice to be treated by a dentist of a specific gender (the nearest one being 28 miles away at RAF Cranwell).

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 process was in place for managing complaints, including a complaints register. Staff told us that verbal complaints were recorded and responded to. There had been no complaints in the last twelve months.
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. Staff were clear about current lines of accountability and knew who they should approach if they had an issue that needed resolving. The SDO and practice manager had delegated additional accountabilities among the whole team.

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 RHQ it is referred to as a Health Governance Assurance Visit (HGAV). The last HGAV was undertaken in February 2019 and a management action plan had been issued as a result of this visit. A review of this action plan demonstrated that the SDO, practice manager had involved the whole team and worked effectively to tackle and resolve improvement requirements successfully.

A report was sent to regional headquarters (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.

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 referred to them throughout the inspection. Effective risk management processes were in place and followed by staff and checks and audits were in place to monitor the quality of service provision. The risk register was regularly updated and reviewed. The exposure to higher levels of radon had been escalated to regional headquarters.

Staff told us that there was a strong team ethos and clear lines of communication within the practice. All staff felt well supported and valued. Team meetings were held to check the workload/activity for the week and staff were encouraged to speak openly about any concerns. Meeting minutes were kept and made available to the staff team. Peer review meetings were also established. Dentists met to discuss cases, particularly complex cases and to discuss the progress of clinical audits. There was evidence (noted on the patient record) of weekly peer review between the SDO and the therapist to discuss patients.

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 account.
password to access the electronic systems. They were not permitted to share their passwords with other staff. Paper dental care records were stored securely.

**Leadership, openness and transparency**

Staff reported that they were proud of the standard of care they provided. All staff were confident that there was an open and transparent culture in place and that they knew how to address any concerns they might have. Staff spoke highly about the leadership of the SDO and they told us that they felt valued and their opinions counted. Staff spoke of a high level of staff morale and a strong team ethos. The practice team spoke of being proud to work in the centre, in particular about their approach to oral health promotion. Leaders were praised for their supportive and understanding approach and staff participated and spoke positively about team building days held away from the barracks.

**Learning and improvement**

Quality assurance processes to encourage learning and continuous improvement were effective. Radiology audits were undertaken by all clinicians and were in line with IRMER requirements. Infection control and health and safety management demonstrated that audit work in these areas had led to improvement. The SDO had undertaken an effective audit to improve the completion time for labwork. In 2018, total completion time was averaging 37.2 working days for crowns, bridges and cobalt chrome frameworks, and 45.3 for mouthguards, occlusal splints and acrylic work. The dental centre established that delays resulted from waiting for the labwork to return before contacting the patient to make an appointment for labwork fit (delayed by the patient not always being contactable, and the availability of appointments). As a result of the audit, appointments were booked four weeks after initiation of work, instead of waiting for labwork to return.

The staff team attended a regional training day, 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. Staff were encouraged to access websites providing dental CPD to further their professional development and clinical skillset. The practice manager had received deanery funding to pursue management and leadership and first responder courses. The SDO had used his enhanced learning credits (ELCs) to fund a diploma in ethics.

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

A suggestion box and a comments book was located in the waiting area for patients to feed comments into and this was monitored on a regular basis. Staff told us that following patient feedback, music was now played in the waiting area to promote confidentiality.

A system was in place for staff to provide anonymous feedback and to suggest improved ways of working by means of a staff comments box. Staff thought that this was an effective tool.