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183A Newmarket Road

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Newmarket Road Dental Clinic provides only private treatment to adults and children. The practice opened in 2008 and is situated in a converted residential property There are two full time dentists who are supported by appropriate numbers of dental nurses and administrative staff. The practice has two dental treatment rooms, a consultation room and a separate decontamination room for cleaning, sterilising and packing dental instruments. There is a large reception and waiting area, and staff room. The practice serves about 2000 patients.

The practice is open from 9am to 5.00pm Monday to Fridays only.

Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 43 patients: these provided an overwhelmingly positive view of the practice and its staff.

Our key findings were:

- Patients commented on the effectiveness of their treatment, the professionalism of staff and the cleanliness of the environment. They reported that it was easy to get through on the phone and that they rarely waited long having arrived for their appointment.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Staff reported incidents and kept records of these which the practice used for shared learning.

Summary of findings

- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients received their care and treatment from well trained and supported staff, who enjoyed their work.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines, and had advanced qualifications in cosmetic dentistry.
- Staff had received training appropriate to their roles and were supported in their continued professional development.
- Clinical governance was good and a range of audits was undertaken to ensure standards were maintained.
- The practice listened to its patients and staff and acted upon their feedback.
- The practice was well-led, staff felt involved and supported, and worked well as a team

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. There were sufficient numbers of suitably qualified staff working at the practice and recruitment procedures ensured only appropriated staff were employed.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

No action ✓

Are services caring?

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

We collected 43 completed patient comment cards and obtained the views of a further two patients on the day of our visit. These provided a very positive view of the service and the staff. Patients commented on friendliness and helpfulness of the staff and told us dentists were good at explaining their treatment. Staff provided us with examples of where they had gone above and beyond the call of duty to support and care for patients.

No action ✓

Are services responsive to people's needs?

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

The practice had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots and patients told us it was easy to get an appointment with the practice. Good information was available for patients both in the practice's leaflet and also on the provider's web site. The practice had made adjustments to accommodate patients with a disability. Information about how to complain was available and the practice responded in a timely, empathetic and appropriate way to issues raised by patients.

No action ✓

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 robust clinical governance and risk management structures in place. The practice team were an integral part of the management and development of the practice, and received good support for their roles. Feedback from staff and patients was used it to improve the service. Staff told us that they felt well supported and enjoyed their work.

No action 

183A Newmarket Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 09 August 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with both dentists, two dental nurses, the practice manager and a member of reception staff. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 45 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events were discussed at the monthly practice meetings and we viewed minutes of meeting held on 8 June 2016 where an incident involving a minor neck burn to a patient was discussed fully so that learning could be from it could be shared. One nurse who wasn't present when the event occurred told us she had been asked specifically to look at the significant event form and also the COSHH folder to check that the management information sheet for the substance was available.

Staff also had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences)

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. The practice had a comprehensive safeguarding file in place which contained information about the categories of abuse, recognising dental neglect, domestic violence and local reporting guidelines.

Records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children, and further training had been booked for January 2017. The principal dentist was the safeguarding lead and acted as a point of referral should members of staff have safeguarding concern. However he had not undertaken any additional training for this role. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues. Contact details of relevant agencies involved in protecting vulnerable people were available around the practice, making them easily accessible to staff.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps' safety system which allowed staff to discard needles without the need to re-sheath them. Staff spoke knowledgeably about action they would take following a sharps' injury and sharps risk assessment had been completed.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Patients' notes we viewed demonstrated that the dentists used rubber dams to ensure patient safety.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies and there were individual 'grab bags' for the different types of emergencies commonly found in dental practice. There was an automated external defibrillator and staff had received training in how to use it. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. Only one oxygen cylinder was available on site but following our inspection the provider purchased a second cylinder to ensure there was enough oxygen available if two patients required it on the same day.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. However we noted that the glucagon (a medicine used to treat hypoglycemia) was not kept in a fridge and its expiry date had not been amended in light of this. This was rectified following our inspection. Checks of the equipment and medicines were undertaken to ensure they were in date, although these were not done weekly as recommended by national guidance. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, emergency medical simulations were not regularly rehearsed by staff so that they could keep their skills up to date.

Staff recruitment

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken for staff prior to their employment. For example, proof of their

No action

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Both clinical and non-clinical had received a DBS disclosure check to ensure they were suitable to work with children and vulnerable adults. Prospective employees also completed a specific questionnaire to assess whether or not they had the right values to work at the practice. Formal notes were not kept of all interviews and potential employees were not scored against set criteria to ensure consistency and fairness in the recruitment process.

We spoke with one newly recruited member of reception staff who told us her recruitment had been thorough, and that she had received a full induction to her role.

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments which described how it aimed to provide safe care for patients and staff. The risk assessments we viewed were thorough and covered wide range of identified hazards in the practice and the control measures that had been put in place to reduce the risks to patients and staff.

A legionella risk assessment had been carried out in July 2014 and the principal dentist had completed a specific course, giving him the skills to assess legionella risk within the practice. Water temperatures were monitored to ensure they were at the correct level. Regular flushing of the water lines and dip slide testing was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming.

A fire risk assessment had been completed in July 2016 and recommendations made were being considered by the principal dentist at the time of our inspection. Fire detection and firefighting equipment such as extinguishers were regularly tested, evidence of which we viewed**.** Regular fire evacuation drills were completed although these did not include patients so it was no clear how the practice would manage in a fire when patients were present.

The practice had a comprehensive business continuity plan in place for major incidents such as the loss of utilities or natural disasters, a copy of which was kept off site electronically.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all products used within the practice.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, staff room, consultation room and corridors. Hand sanitiser for patients was available in the entranceway to the building and there were sensor operated taps and lights to reduce the risk of cross infection.

We checked both treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were foot operated bins, appropriate hand washing facilities and personal protective equipment available to reduce the risk of cross infection. We checked treatment room drawers and found that all instruments had been stored correctly and their packaging had been clearly marked with the date of their expiry for safe use.

The practice had a separate decontamination room for instrument processing which was well organised, clean, tidy and clutter free. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used an ultra-sonic bath for the initial cleaning process. Following inspection with an illuminated magnifier, the instruments were then placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps' containers, clinical waste bags and general waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the

practice and waste consignment notices were available for inspection. The clinical waste bin was stored to the rear of the property and although not secured to a wall, was not accessible to the public.

We noted good infection control procedures during the patient consultation we observed. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurses wore appropriate personal protective equipment including masks and eye wear. The patient was also given eye protection to wear. Following the consultation, we saw that the dental nurse wiped down all areas where there had been patient contact.

Records showed that all dental staff had received training in infection control and had been immunised against Hepatitis B.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. Staff told us they had suitable equipment to enable them to carry out their work.

Stock control was good and medical consumables we checked in the practice's stock cupboard were within date for safe use. However we noted that the temperature of the fridge used to store temperature sensitive consumables was not monitored to ensure it was at the correct level. The day after our inspection, the principal dentist informed us he had ordered an appropriate thermometer and had implemented a daily temperature check list.

Our review of dental care records showed that the batch numbers and expiry dates for local anaesthetics given to patients were always recorded, and there was an audit trail in place for all prescriptions issued.

During our inspection, a system was implemented to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received directly by the practice and actioned.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the maintenance logs and a copy of the local rules. Training records showed relevant staff had received training for core radiological knowledge under IRMER 2000 Regulations. Rectangular collimation was used to confine x-ray beams.

Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings and its grade. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two patients during our inspection and also received 43 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it. The practice had been a finalist for the 2015 **Aesthetic DentistryAwards.**

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients completed a comprehensive medical history digitally prior to their appointment, and were asked to update it at each visit. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues. Antibiotic prescribing and patients' recall frequencies also met national guidance.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs and infection control.

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash, floss, and free samples of toothpaste were available in the waiting area.

Patients were asked about their smoking and alcohol intake as part of their medical history, although dental staff we spoke with were not aware of local smoking cessation services to which they could refer patients. One nurse told us that they sometimes used an intra-oral camera to show patients where their tooth brushing had been ineffective, and also how she used a model for demonstrating correct flossing and brushing techniques. She showed us a specific drawer in the treatment room which contained a number of products that were used to demonstrate good oral hygiene practices to patients.

Dental care records we reviewed demonstrated that the dentist had given oral health advice to patients and that referrals to other dental health professionals were made if appropriate. Children at high risk of tooth decay were identified and were offered fluoride varnish applications.

The principal dentist told us he visited his former school each year to talk about the importance of dentistry and oral health, and also possible careers in the field.

Staffing

There was a stable and established staff team at the practice, who told us they were enough of them for the smooth running of the practice and a dental nurse always worked with each dentist. Staff told us there was an additional nurse available each day who undertook instrument decontamination.

Files we viewed demonstrated that staff were appropriately qualified, trained and had current professional validation and professional indemnity insurance. Training records we viewed showed that staff had undertaken a range of essential training such as health and safety; information governance, safeguarding, medical emergencies and fire safety.

All staff had received an annual appraisal of their performance from the principal dentist and had personal development plans in place. The appraisal covered performance, job satisfaction, career development and a training and development plan. Appraisal documentation and personal development plans we saw demonstrated a meaningful and comprehensive appraisal process was in place.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves such as conscious sedation, oral surgery or orthodontics. A log was in place in order to track each referral made and patients were given a copy of their referral for their information.

Consent to care and treatment

No action

Are services effective?

(for example, treatment is effective)

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Evidence of their consent had also been recorded. Patients were provided with plans that outlined their treatment and the small sample we viewed clearly outlined the proposed treatment, the reason for it and estimated cost. The practice used additional written consent forms for some procedures, and also for photography.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA) and training files we viewed showed that staff had also received specific training in the MCA. Staff stressed the importance of god communication skills and giving patients lots of time when explaining care and treatment to them, to ensure they had a full understanding of their treatment options.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent comment cards so patients could tell us about their experience of the practice. We collected 43 completed cards and obtained the views of a further two patients on the day of our visit. We received many positive comments about the caring nature of staff. Staff gave us examples where they had gone out their way to assist patients. For example, they phoned patients after complex treatments to check on their welfare, called them taxis, held umbrellas for them whilst they walked to their car in the rain, and supported them when they felt nauseous. One nurse told us of the additional measures she had undertaken to support a particularly phobic patient to attend their appointment.

We spent time in the reception area and observed a number of interactions between the receptionists and patients coming into the practice. The quality of interaction was good, and the receptionist was helpful and professional to patients both on the phone and face to face. Reception staff created a relaxed, friendly and welcoming atmosphere for patients. Staff were aware of the importance of providing patients with privacy and maintaining their confidentiality. For example, we were told of a specific incident where a patient's husband had rung but reception staff had correctly refused to discuss his wife's concerns with him. Although the reception desk was not particularly private, a radio was played to distract and telephone calls could be transferred to a cordless phone elsewhere in the practice. A separate consultation room was available if patients wanted to discuss any matters privately. Computer screens at reception were not overlooked and all computers were password protected. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

Involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. The practice manager also acted as a treatment coordinator and was available to explain procedures to patients. She told us she enjoyed this role and had had many of the dental procedures done herself so was ins a good position to talk to patients.

We were shown a sample of treatment plans which clearly outlined the reasons for the treatment and also its costs so that patients fully understood what was involved. Information and guidance about a range of treatments was also available for patients on the practice's web site to help them understand it. A detailed letter was also sent to patients, following their first consultation which clearly outlined to prosed treatment.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had good facilities and was well equipped to treat patients and meet their needs. In addition to general dentistry it also offered teeth whitening teeth straightening, veneers, crowns, and dental implants.

Each surgery had a ceiling mounted TV screen, and one dentist told us some patients had enjoyed watching the Wimbledon tennis tournament during their treatment. There was a complimentary hot drinks machine and free Wi-Fi access available in the waiting area. Each surgery had air conditioning and sensor operated taps and lights.

Patients told us that there was good parking, that it was easy to get through on the phone and that they rarely waited long having arrived for their appointment. Information about bus services to the practice was available on website and the patient information leaflet. The practice also had secure cycle paring.

The practice was open Monday to Friday from 9am to 5pm and appointments could be booked on line, by telephone or in person. The principal dentist told us he had wanted to offer extended opening hours to patients but had been prevented from doing so due to the practice's residential location. Emergency appointments were available each day for urgent appointments and patients could be fitted in between fixed appointments if needed. A mobile number was given to patients to call for any out of hours emergency advice.

We also found good information about private charges in the waiting area, on the website and in the practice's information leaflet to ensure patients knew how much their treatment would cost.

Tackling inequity and promoting equality

There was ramp access to the entrance way and provider had plans in place to improve this by creating a specific pathway with rails for wheelchair users. Both treatment rooms were on the ground floor making them easily accessible and the reception desk had been lowered on one side to allow for better communication with wheelchair users. Doors throughout the practice had been widened to allow for easy wheelchair access and there was an adapted toilet. There were no easy riser chairs, available in the waiting area to accommodate patients with mobility needs and no portable hearing loop. However, following our inspection the principal dentist told us he had purchased a hearing loop.

Staff told us they regularly sat with older patients who sometimes struggled to complete their medical history details on the practice's digital 'clinipad'. The practice supported an number of Saudi Arabian students, and had translated their medical history form into Arabic as a result.

Concerns & complaints

Reception staff we spoke with had a clear understanding of the practice's complaints system and spoke knowledgably about how they would respond if a patient raised a concern. The complaints procedure was on display in the entranceway and included information about the dental complaints service and timescales within which the complaint would be investigated. We noted that the complaints procedure had been discussed at the practice meeting of 17 March 2016 to ensure all staff were aware of it.

We viewed the paperwork in relation to two recent complaints, which contained a summary of the main issues, the action taken in response and how any learning had been implemented. We found that patients' concerns had been dealt with professionally and effectively, and the principal dentist had an open and empathetic attitude to complaints made. It was clear that the practice implemented changes in light of complaints received. For example, in response to a complaint about unexpected charges, staff now emailed or printed off treatment plans and costs to patients, a larger fee price poster was displayed in reception area and patients were to be informed of any future price increases.

No action

Are services well-led?

Our findings

Governance arrangements

There was an established leadership structure within the practice with clear allocation of responsibilities amongst the staff. For example there were two senior nurses nurse, a lead for safeguarding and a practice manager. Staff we spoke with were all clear about their own roles and responsibilities. The practice had a comprehensive practice manual in place to govern its activity. This contained provided protocols and guidance for staff on a range of issues including patient consent, CQC notifications, confidentiality, radiology, customer care.

Communication across the practice was structured around monthly practice meetings, which all staff attended. These meetings were minuted, and staff told us that they all contributed to the agenda. One staff member told us that the principal dentist went around each person who attended the meeting to give them the opportunity to share their views.

Regular audits were undertaken to ensure standards were maintained in radiography, infection control and the quality of clinical notes and the principal dentist was keen to implement additional audits to better monitor the practice.

Leadership, openness and transparency

Staff told us the practice was well-led citing good team working, a family-like environment and feeling valued as the reasons. Staff described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the dentists. One staff member told us they had been taken out for Christmas lunch and dinner paid for by the practice, which they had greatly appreciated.

Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation, infection control, child protection and adult safeguarding. The principal dentist had a special interest in cosmetic surgery and had completed a number of advanced qualifications in this field. He was also a member of the British Academy of Cosmetic Dentistry. One nurse told us she had undertaken additional training in radiography, impression taking, suture removal and forensic dentistry. Reception staff had recently undertaken a customer skills course.

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

The practice encouraged and valued feedback from patients and its staff. For example, all patients were encouraged to complete comments card which asked them for their views about the practice's facilities, the friendliness of reception staff, the charges and ease of access.

We viewed about 20 completed surveys and noted that respondents had rated the practice as excellent or good in all areas. Although, results of these surveys had not been shared with patients, we found good evidence that the practice listened to patients. For example, a hot drinks machine, Wi-Fi access and better signage for the practice had all been implemented in response to patients' suggestions.

The practice also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were given examples that the provider had listened to staff and implemented their suggestions and ideas. For example, a garage had been converted to a specific staff locker room and a bench had been put outside so staff could enjoy fresh air during their lunch break