Xeon Smiles UK Limited

Smile Dental Health Care

Inspection Report

4 Museum Square Wisbech, Cambridgeshire, PE13 1ES
Tel: 01945 583199
Website:

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Overall summary

We carried out an announced comprehensive inspection on 1 March 2017 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

Smile Dental Health Care is a well-established dental practice that provides private dental treatment only. The practice is part of Oasis Dental Care Limited, and one of 28 practices in the region. The team consists of three dentists, five dental nurses, three part-time hygienists, a practice manager and a receptionist. The practice is situated in a converted grade two listed residential property and has five treatment rooms, a reception/ waiting area and staff and administrative rooms. It opens from 8am to 7pm on Mondays to Thursdays, and Fridays from 8am to 1.30pm**.**

The practice manager is registered with the Care Quality Commission (CQC) as the registered manager. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- Information from 24 completed Care Quality Commission comment cards gave us a positive picture of a friendly, professional and caring service. Patients particularly appreciated the early morning and evening opening times.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.

Summary of findings

- The premises were visibly clean and well maintained. There were effective systems in place to reduce the risk and spread of infection within the practice and legionella risk was managed well.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice had in place a comprehensive system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. Staff told us they enjoyed their work and felt very valued and supported by the practice manager.

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

- Consider providing the hygienist with the support of an appropriately trained member of the dental 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 effective 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. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults.

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. There were sufficient numbers of staff working at the practice who had 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 24 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 the practice provided. Patients commented on friendliness and helpfulness of the staff and told us dentists were good at explaining the treatment that was proposed. They told us they were involved in decisions about their treatment, and did not feel rushed in their appointments.

Staff understood the importance of confidentiality and patient information was managed well.

No action ✓

Are services responsive to people's needs?

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

Appointments were easy to book and the practice offered extended opening hours in the morning and evening to meet the needs of those who worked full-time. The practice offered daily access for patients experiencing dental pain, which enabled them to receive treatment quickly if needed. The practice had made some adjustments to accommodate patients with a disability; although it was not easily accessible to wheelchair users.

There was a complaints system in place, which was publicised and accessible to patients.

No action ✓

Are services well-led?

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

No action ✓

Summary of findings

The practice had robust clinical governance and risk management structures in place and there was a rolling programme of clinical and non-clinical audit in place

Staff told us they enjoyed working and felt very well supported by the practice manager. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

Smile Dental Health Care

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 1 March 2017 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with the dentist, the practice manager, a dental nurse and the receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 24 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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and their requirements to notify us, the CQC, of certain incidents. There was an adverse incident reporting policy and standard reporting forms for staff to complete when something went wrong. We viewed detailed significant forms that had been completed for a number of unusual incidents within the practice. It was clear the practice learned from these incidents. For example, following the unwanted intrusion of some young people in the practice, additional security measures were being implemented when the practice was open in the evening. All events were reported to the provider's health and safety officers who analysed them each year to detect any patterns or common themes across all the provider's practices.

In addition to this, the practice had an accident book and we noted that the details of recent accidents had been well documented.

Alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) were sent by the provider's head office to the practice manager who then actioned them accordingly. MHRA was a standing agenda item at the monthly practice meetings to ensure all staff were aware of any relevant alerts.

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 whom to contact for further guidance if they had concerns about a patient's welfare. We noted good information in treatment rooms in relation to agencies involved in the protection of children and vulnerable adults making it easily accessible to staff

Records showed that staff had received safeguarding training for both vulnerable adults and children. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues. The practice manager was the lead for all safeguarding incidents and acted as a point of referral should members of staff have a concern about a patient. Staff told us of a particular patient at considerable risk and the action they had taken to support them. The practice held coded information with details of support services that could be given to any patient experiencing domestic violence.

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which may be contaminated). Files we viewed showed that all staff had received specific training in how to handle sharps in December 2016. Only the dentist handled sharps and they used 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 a sharps' risk assessment had been completed for the practice. Guidance about dealing with sharps' injuries was on display near where they were used. Sharps bins were sited safely and their labels had been completed correctly; however we noted one bin that was over three months old and needed to be disposed of.

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. Dentists and nurses confirmed that rubber dams were used whenever possible. One nurse told us that the dentist was very safety conscious and would refuse to undertake any root canal treatment without them.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An automated external defibrillator (AED) was available and 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. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff regularly rehearsed emergency medical simulations so that they could keep their skills up to date.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with

Are services safe?

common medical emergencies in a dental practice. The emergency medicines we saw were all in date and stored in a central location known to all staff. The expiry dates of medicines and equipment were monitored each week to enable staff to replace them quickly if they became out of date.

Staff had access to first aid and bodily spillage kits, and eyewash equipment if needed.

Staff recruitment

We checked records for staff which contained proof of their identity, their terms and conditions of employment, references and a disclosure and barring check (DBS). The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Job descriptions were available for all roles within the practice. However, notes from staff recruitment interviews were not kept to demonstrate they had been conducted in line with good employment practices.

There was a formal induction procedure in place to ensure staff had the skills and knowledge for their new role.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable hazards. There was a health and safety policy available with a poster, which identified local health and safety representatives. There was a general risk assessment, which covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. We also viewed practice specific risk assessments for car parking, dealing with abusive patients and taking money to the bank to ensure staff were protected.

Firefighting equipment such as extinguishers was regularly tested and fire risk assessment for the practice had been undertaken in February 2017. No recommendations had been made indicating that fire safety systems within the practice were effective. Evacuation drills, which sometimes included patients, were practiced so that staff knew what to do in the event of a fire. Specific staff had been appointed as fire marshals and had received additional training for this role.

A Legionella risk assessment had been completed in February 2017: no recommendations had been made indicating the practice's procedures were effective. Hot and cold-water temperatures were monitored monthly; dental unit water lines were disinfected with a biocide and staff ran the water lines each day in accordance with national guidance to reduce the risk of legionella bacteria forming. In addition to this, staff undertook weekly protein and foil tests, and quarterly dip slide testing to assess the microbial content of the water.

There was a control of substances hazardous to health file in place containing chemical safety data sheets for materials used within the practice, including domestic cleaning products.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service. It included essential contact details of relevant utility companies.

Infection control

The practice had infection control policies in place to provide guidance for staff on essential areas such as minimising blood borne viruses, waste disposal, blood spillage, hand hygiene and the use of personal protective equipment. Regular infection control audits were undertaken and the practice had scored 98% on its most recent audit indicating it met essential quality requirements. There were also regular hand hygiene audits undertaken to ensure all staff used the correct hand washing procedure. We noted hand gel was available on the reception desk for patients to use.

All areas of the practice we viewed were visibly clean and hygienic, including the waiting area, staff room, toilet and stairways. Staff had put a coloured dot on light switches in different areas of the premises to indicate to the cleaner which corresponding colour coded equipment they needed to use in that particular area.

We checked three treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were separate hand washing sinks for staff. Dirty and clean zones were clearly identifiable and there was plenty personal

protective equipment available for staff and patients. We noted removable computer key board covers, which could be cleaned easily. Treatment room drawers were clean and uncluttered and loose items were covered.

The practice had a separate decontamination room for the processing of dirty instruments. This room was also organised, tidy and clutter free, although we noted that cupboard tops were very dusty. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. Instruments were initially cleaned in one of three ultrasonic baths. Following inspection with an illuminated magnifying glass, they were then placed in an autoclave (a device used to sterilise medical and dental instruments). When the instruments had been sterilized, they were pouched and stored hygienically until required. All pouches were dated with an expiry date in accordance with current guidelines. In addition to this, a yearly sweep of the practice was undertaken and every single instrument was pouched and vacuum autoclaved. We noted that matrix bands were not sterilised before assembly, however the practice manager told us she would review this immediately with staff.

We noted that the dental nurse wore appropriate personal protective equipment throughout the process. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of clinical waste in the practice was in line with current guidelines laid down by the Department of Health. Clinical waste was stored in a locked downstairs cellar. The practice used an appropriate contractor to remove clinical waste and waste consignment notices were available for inspection.

Records showed that all dental staff had been immunised against Hepatitis B. We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

Equipment and medicines

Staff told us they had enough equipment to do their job and that repairs were undertaken swiftly. One nurse told us that a broken biocide bottle and broken foot control had been dealt with in a timely way.

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. All other types of equipment were tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, portable appliance testing had been completed in July 2015, the air conditioning unit in March 2016, the gas boiler in January 2017 and the compressor in February 2017. However, we noted that annual mechanical and electrical testing for one X-ray unit was overdue.

The dentists we spoke with were aware of on-line reporting systems to the British National Formulary and of the yellow card scheme to report any adverse reactions to medicines. We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics were recorded in patients' clinical notes. Antibiotics were kept in a locked cupboard and their expiry date was checked to ensure they were fit for use. The practice manager agreed to implement a tracking system for antibiotics to enable better audit and overview of their prescribing.

The practice had a separate fridge for medical consumables, which required cool storage. The temperature of the fridge was monitored daily to ensure it operated effectively.

We checked a number of medical consumables held in stock and found they were in date for safe use

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 local rules for each unit. Included in the file were the critical examination packs for each X-ray set and the necessary documentation pertaining to the maintenance of the X-ray equipment. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. Rectangular collimation was used to reduce scatter and ensure patients and staff were protected from unnecessary exposure to radiation

Are services safe?

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 24 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. Results of the practice's own survey for February 2017 showed that 100% of patients felt the quality of their treatment was good.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' 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 the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Where relevant, preventative dental information was given in order to improve the outcome for the patient. The dental care records we saw were comprehensive, detailed and well maintained

A specialist visited regularly to provide patients with dental implants. Dental care records we reviewed for patients having this procedure demonstrated it was undertaken safely and in accordance with national guidance

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

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash and floss. Free samples of toothpaste were also available by reception. The provider's web site also provided information and advice to patients on how to maintain healthy teeth and gums.

The dentists we spoke with were aware of guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. Patients were asked about their smoking and alcohol intake as part of their medical history, and a dental nurse told us that the dentists always asked about people's smoking habits when they came for treatment. The practice did not hold any leaflets on site about smoking cessation to give patients and staff were not aware of local smoking cessation services.

One staff member had trained as an oral health educator and the practice regularly visited local primary schools to deliver oral health education to pupils. We were shown the 'toothpaste' costume that a member of staff wore when delivering these sessions.

Staffing

There was an established staff team at the practice, many of whom had worked there for a number of years. Staff turnover was low and staff told us they were enough of them for the smooth running of the practice. One nurse reported there was usually an additional nurse each day who could work in the decontamination room. A dental nurse always worked with each dentist although the hygienist usually worked alone, without the assistance of a dental nurse. Results from the practice's own survey showed that 100% of staff who completed it felt able to cope with their workload without difficulty.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance. Staff told us they had access to the provider's own on-line training courses that helped keep their development up to date. All staff received an annual appraisal of their performance, which they described as useful.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves such as complex endodontic and minor oral surgery and there were clear referral pathways in place. Urgent referrals were telephoned in and followed up by registered post to ensure they were received. A log of the referrals made was kept so they could be could be tracked, although patients were not offered a copy of the referral for their information.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

particular treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment and its costs, which they signed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Dental staff had undertaken training in relation to the MCA and had a clear understanding of patient consent issues. The practice had a specific policy in place to guide staff.

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 24 completed cards. These provided a very positive view of the practice. Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring, friendly and considerate of their needs. One patient told us that the dentist made them very comfortable when talking about their complex medical history; another that they had been supported well during a panic attack.

We observed the receptionist interact with about 10 patients both on the phone and face to face and noted she was consistently polite and helpful towards them, creating a welcoming and friendly atmosphere. The receptionist had arranged for one of the practice's photographs, which had been much admired by a particular patient as it showed where she had lived as a girl, be given to the care home that the patient moved into.

The reception area was not particularly private but staff told us they tried not give out personal details when speaking to patients on the phone. Computer screens were not overlooked and were password protected. We noted that the receptionist placed all patient paperwork face down on the desk so it could not be viewed. Patient notes stored in locked cabinets behind the reception desk. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them and their costs. Results of the practice's own survey carried out in February 2017 showed that 100% of patients felt involved in decisions about their care. A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a wide range of service to patients including general dentistry, oral health education, implants, teeth whitening, teeth straightening and snoring solutions**.**

We found good information about the practice in the waiting room which included details about the dental clinicians, the complaints' procedure, the GDC's nine principals and how personal data would be handled. There was also information on the practice's website that could be accessed by patients. The waiting area had toys available for younger patients, interesting magazines to read and free Wi-Fi access.

The practice opened from 8am to 7pm on Mondays to Thursday and on Fridays from 8am to 1.30pm**.** Patients we spoke with were satisfied with the appointments system and told us that getting through on the phone was easy. Text, email and telephone appointment reminders were available. Emergency slots were available with each dentist during the day to accommodate patients who needed an urgent appointment. Information about emergency out of hours' service was available on the practice's answer phone message.

Tackling inequity and promoting equality

Access to the building was difficult for wheelchairs users and the practice was not able to adapt the building as it was listed. Although there were downstairs treatment rooms, there was no disabled toilet available. There was a magnifying glass available and range of reading glasses available at reception for visually impaired patients to use. However, there was no portable hearing loop available despite a number of patients with hearing aids, or easy riser chairs in the waiting area for patients with mobility needs.

Staff were aware of translation services and one dentist spoke multiple languages. The practice did not have any information in other languages (despite a number of Eastern European patients). or formats such as large print.

Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and staff spoke knowledgeably about how they would handle a patient's concerns. Information about the procedure was available in the patient information folder and this included details of the timescales by which they would be responded to and other organisations that could be contacted.

We were not able to assess how well complaints were dealt with as staff told us none had been received in a number of years.

Are services well-led?

Our findings

Governance arrangements

The practice had an experienced and professionally qualified manager in place**.** She had responsibility for overall leadership and was supported by an area manager, and clinical and compliance staff who visited to assist her in the running of the service. During our inspection we met one of the provider's compliance managers, who was responsible for auditing the practice, using the provider's bespoke quality assurance tool. The practice manager told us she met regularly with other managers in the region to discuss issues and share best practice.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. The practice had a list of policies and procedures in place to govern its activity, which had been reviewed.

All staff received training on information governance. Communication across the practice was structured around monthly scheduled meetings which all staff attended told us they found useful. We viewed a sample of minutes that were detailed, with actions arising from them clearly documented. There were standing agenda items such as health and safety, and MHRA alerts.

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 dental radiographs, infection control procedures, hand hygiene and the quality of dental care records.

Staff received regular appraisal of their performance, which covered their performance and behavioural objectives for the coming year. However, it was not clear if professional registration and fitness to practice checks were undertaken regularly.

Leadership, openness and transparency

Staff spoke highly of the practice manager describing her as supportive, professional and caring. They clearly felt valued by her**.** They told us they enjoyed their work and described working in a family like environment. We saw examples of positive teamwork within the practice and evidence of good communication. On the day of our inspection, we noted that one of the dentists had made a dental nurse a cake to celebrate their birthday.

The practice had a duty of candour policy in place and staff understood the importance about being honest and transparent to patients if things went wrong.

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

Patients were asked to complete a survey that asked them for their views on a range of issues including how involved they felt in decision about their care, the quality of their treatment, cleanliness and the ease of getting an appointment. Results were analysed by the provider and displayed in the patient information folder. Results we viewed for February 2017 showed that 100% of patients would recommend the practice. This aligned with the views of patients we gathered. The practice manager told us that because of patient feedback, grab rails were to be installed on the front door to assist patients with limited mobility.

The practice 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. They reported they felt listened to by senior colleagues and their suggestions to replace filing cabinets and provide patients with pouches of free dental consumables had been implemented. The provider had carried out their own staff survey, results of which we viewed. Although it was clear that staff felt a strong commitment to the practice, involved in developing the service and that their work was meaningful, they also felt there was limited career prospects and that their work was not valued by the corporate provider.