

Yorkshire Smiles Limited

The Dental Surgery Barnsley

Inspection Report

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Overall summary

We carried out this announced inspection on 13 January 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Dental Surgery is in Barnsley and provides NHS dental care and treatment for adults and children.

There is portable ramp access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice and on nearby local roads.

The dental team includes three dentists, three dental nurses (one of whom is a trainee), one dental hygiene therapists, two receptionists and a practice manager who is also a dental nurse. The practice has three treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Dental Surgery Barnsley is the company director (provider).

On the day of inspection, we collected 36 CQC comment cards filled in by patients. All comments received reflected positively on the service provided.

During the inspection we spoke with the provider, two dental nurses, the dental hygiene therapist, receptionists and the practice manager. The company manager was also present at the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am to 5:30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Improvement was required to ensure emergency medical equipment was checked weekly.
- The provider had systems to help them manage risk to patients and staff. Improvement was required to ensure Legionella management systems and sharps risks were supported by an appropriate risk assessment.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Control measures were required in one treatment room for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017.
- Staff treated patients with dignity and respect and took care to protect their personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had culture of continuous improvement.
- Leadership and oversight of systems could be improved to ensure these were supported by a lead person in the absence of the provider.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements, adjustments could be made to ensure best practice in respect of use of mobile telephones and the location of computer screens.

There were areas where the provider could make improvements. They should:

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular: ensure all sharps in use are risk mitigated and the systems are embedded within the team.
- Take action to implement recommendations in the practice's Legionella risk assessment and ensure it includes all areas, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular: Implement control measures for staff to follow in respect to the treatment room which has two entry doors.

Summary of findings

- Review current systems to ensure best practice in line with General Data Protection Regulation requirements. In particular: position of computer screens and use of own mobile telephones to conduct work related tasks.
- Review the practice's arrangements to ensure systems are supported by a lead person where necessary to ensure good governance and leadership are sustained in the longer term.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example. those who were known to have experienced modern-day slavery or female genital mutilation. We noted there was no lead person identified to provide staff with a focal point for safeguarding updates and guidance. The provider assured us this would be achieved.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. We discussed with the provider that a nominated lead was not in place and we were assured this would be addressed.

We noted the risk assessment did not include the disused dental laboratory. The provider assured us this would be investigated and corrected. We received supporting evidence after the inspection to confirm a new legionella risk assessment was booked which would include the dental laboratory.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

Are services safe?

agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. All staff had completed fire awareness training and records showed quarterly fire drills took place. The practice also recorded weekly checks on emergency lighting torches and the air horns in place to raise a fire emergency alarm. Staff told us fire safety checks were not carried out by a nominated responsible person. We discussed the benefits for having a responsible person in charge of this to ensure a structure is in place.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We noted one of the ground floor treatment rooms could be accessed via two doors. There were no documented control measures and adequate signage in place to prevent accidental entry whilst using the X-ray machinery. Staff described how they monitored the exits during this process, but nothing was documented to support the local rules for use of X-ray machines. The provider assured us this would be actioned. We were sent photographs after the inspection to show signage was now in place to inform patients not to enter.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually, this did not include other sharps items in use. The provider assured us that this would be achieved without delay.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training and had covered this during practice meetings. We were told patient information posters usually located in the reception had recently been removed as they were torn and dishevelled. The practice manager sent supporting evidence after the inspection to confirm the posters had been replaced.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of weekly checks on the emergency medicines, emergency oxygen and the automated external defibrillator to make sure they were available, within their expiry date, and in working order. We discussed the need to ensure emergency medical equipment was also checked weekly. Supporting evidence sent after the inspection confirmed that emergency equipment was now checked weekly.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

We discussed with the provider how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with the provider to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The provider was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been two safety incidents, we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Due to unforeseen circumstances we were unable to speak to the associate dentists during the inspection day and as a result we were unable to confirm some areas of clinical effectiveness at practice level. The provider, who regularly visits the practice in the capacity of company director was available to speak with us during the inspection and we were able to cover most of the clinical areas required for inspection purposes. The provider was responsible for the leadership and clinical oversight of the practice.

Effective needs assessment, care and treatment

The provider described the systems in place to keep dental professionals up to date with current evidence-based practice. Records showed the clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We were unable to confirm via discussion patient assessment procedures and the level of knowledge and awareness of guidance with clinicians who usually work at the practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

There was a system in place for dentists to prescribe high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

Records showed the dentists and dental hygiene therapist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The provider and dental hygiene therapist described to us the procedures they used to improve the outcomes for

patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Records showed the dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff we spoke with had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The provider confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, efficient and helpful. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided limited privacy when reception staff were dealing with patients. Due to limited space in the reception area, the computer screens were sited high up on the reception desk. We highlighted to the provider this could compromise patient information. The provider told us that plans were in place to modernise the reception area, which would alleviate the shortage of space reception currently experiences. The provider assured us a short-term solution would be found to protect patient privacy in the meantime.

If a patient asked for more privacy, the practice would respond appropriately and offer patients to talk in a separate room. Due to the lack of additional telephone lines in the practice we were made aware that staff would often use their own mobile telephones to hold private

discussions with patients away from the reception area. We highlighted this to the provider and practice manager who assured us this practise would cease immediately and alternative telephone arrangements would be sought as a matter of urgency.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The provider described to us the methods they used to help patients understand treatment options discussed. These included for study models and X-ray images to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. The provider conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

36 cards were completed, giving a patient response rate of 72%

All views expressed by patients were positive.

Common themes within the positive feedback were, friendliness of staff, easy access to dental appointments, flexibility of appointment times. We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described how they would use a note pad to communicate with patients who had a limited ability to hear and talk.

The practice had made reasonable adjustments for patients with disabilities. This included portable ramp access. The provider had implemented plans for refurbishment and these included a wheelchair accessible patient toilet. The potential need for a hearing loop was identified on the disability access audit, the practice was in the process of assessing its need.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service and patients were directed to the appropriate out of hours service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider had made some improvements to the practice, for example, the refurbishment of the upper rooms providing an additional treatment room and a new kitchen/staff area. We also discussed their future plans for refurbishment to enhance the delivery of care provided to patients and to help improve the staff work environment.

The provider, who regularly visits the practice in the capacity of company director was available to speak with us during the inspection. We discussed areas where leadership and oversight of governance systems could be improved. We were unable to obtain the views of the practice from the clinicians who usually work at the practice.

The inspection highlighted some omissions and areas for improvement. The provider and practice manager were open to discussion and feedback during the inspection to make improvements where necessary.

The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Staff told us, the provider, when visiting the practice was visible and approachable.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Information received from patient feedback supported this.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We noted throughout the inspection day that systems such as fire safety management, safeguarding and legionella management was not led by a nominated person and oversight of these systems from a leadership perspective was not in place. Having a nominated person responsible for these would provide essential updates and monitoring to ensure processes were followed in line with guidance and regulation. We discussed this with the provider and practice manager who agreed that changes would be made.

We saw there were processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, performance info, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example:

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients commented about time keeping of appointments, the provider acknowledged this and informed patients they would aim to improve this. Staff also requested a separate changing area; the provider included this in the practice refurbishment plan.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

high quality care.

The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, staff were assisted through the company to complete post registration qualification, such as fluoride application courses.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.