

Dr. Michael Brown

Mike Brown Dental

Inspection Report

163 Drake Street

Rochdale

Lancashire

OL11 1EF

Tel: 01706 647746

Website: www.mikebrowndental.co.uk

Date of inspection visit: 18 February 2019

Date of publication: 15/03/2019

Overall summary

We carried out this announced inspection on 18 February 2019 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 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 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

Mike Brown Dental Practice is in Rochdale and provides mainly private treatment to adults and children. The practice has a small NHS contract.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice on the main road and side streets.

The dental team includes two dentists, three dental nurses, one dental hygienist and a practice manager. The practice has three treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 33 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with two dentists, three dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 9am to 8pm, Tuesday and Thursday 9am to 5pm, Wednesday 8am to 5pm and Friday 8am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Some items of equipment were missing or time expired in the medical emergency kit.
- The practice had systems to help them manage risk to patients and staff.
- Assurance was required to confirm that the X-ray unit wired to a 13 Amp power outlet conformed to approved electrical safety standards.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines; there were inconsistencies in record keeping and knowledge gaps which could be improved.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The process to manage dispensed medicines could be improved.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Quality assurance audits could be more effectively managed.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently. Improvements could be made to ensure external contacts are accessible to patients.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols for medicines management and ensure all medicines are stored, logged and dispensed in line with recommended guidance.
- Review the practice's protocols for consistent completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review 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: assurance that the X-ray unit wired to a 13 Amp power outlet conformed to approved electrical safety standards.
- Review the practice's protocols to ensure audits of radiography and dental care records are undertaken at regular intervals to improve the quality of the service and where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's complaint handling procedures and ensure information is available to patients on the practice leaflet and that contact details about organisations patients could contact if not satisfied with the way the practice dealt with their concerns are accessible.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The provider had systems for the safe handling and dispensing of medicines. These were not currently managed in line with recognised guidance.

The practice had suitable arrangements for dealing with medical and other emergencies; the medical emergency kit was not managed in line with recognised guidance. We found several items of equipment had passed their expiry date and some equipment was missing. All equipment in question was re-ordered on the inspection day.

We found the detail recorded in patients' care record was inconsistent. In addition, we saw evidence that the dentists graded and reported on the radiographs they took but they were not consistently justified. The provider made changes to correct these areas of concern after the inspection and evidence was seen to support this.

On the day of inspection assurance was required to confirm that the X-ray unit wired to a 13 Amp power outlet conformed to approved electrical safety standards. The provider told us they would investigate this.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment mostly in line with recognised guidance. We found inconsistencies in clinical practice and some areas where knowledge of guidance was limited. The provider sent supporting evidence after the inspection to demonstrate and give assurance that improvements in this area were taking place.

Patients described the treatment they received as excellent, prompt and professional. Some patients commented that treatment was always of the highest standard.

The dentists discussed treatment with patients so they could give informed consent, we found this was inconsistently recorded in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



Summary of findings

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

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

We received feedback about the practice from 34 people. Patients were positive about all aspects of the service the practice provided. They told us staff were fantastic, caring, thoughtful and sympathetic.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice leaflet did not inform patients how to make a complaint and no information was available to patients about organisations they could contact if not satisfied with the way the practice dealt with their concerns.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. We noted that some improvement could be made to ensure radiography and record card audits were completed more thoroughly, and where appropriate, have documented outcomes and learning points.

No action



Are services safe?

Our findings

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

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We noted that referral contact details were not visible other than in the policy. Staff agreed that a more prominent display would be of benefit. We saw evidence that staff 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 practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had the required information in their radiation protection file. Records showed that X-ray equipment was serviced and maintained appropriately. Further clarification was required to assure the electrical safety standards for one X-ray unit. In particular:

- One treatment room had a wall mounted X-ray unit which was not hard wired into the buildings electricity supply; the X-ray unit was plugged into a 13 Amp power outlet external to the treatment room. No evidence was available to confirm that this type of electrical installation was approved by an electrical engineer or that it conformed to approved electrical safety standards.
- In addition: we noted that both X-ray isolation switches were not labelled. This was actioned by the provider on the day of inspection.

We saw evidence that the dentists graded and reported on the radiographs they took but they were not consistently justified. We discussed this with the provider who gave assurance that improvements would be made in this area. Evidence sent to us after the inspection supported that a dental care record template was now being used; the template ensured the clinician documented the justification for taking radiographs.

The practice carried out radiography audits every year following current guidance and legislation: this had not highlighted that justification was inconsistent, the provider assured us this would be reviewed going forward.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

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

Emergency equipment and medicines were available, but not as described in recognised guidance. We found emergency medicines and items of equipment had passed their expiry date and some equipment was missing. For example, emergency medicine glucagon, oral glucose gel, needles for adrenaline injection and oropharyngeal airways had time expired and there were no clear face masks for the self-inflating bag. The medicines and equipment were re-ordered on the inspection day and we saw evidence to support this. Staff kept records of emergency medicines and some equipment checks but had not included ancillary equipment such as needles and oropharyngeal airways, records were amended to reflect this on the inspection day and all staff were made aware.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice 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. We noted that some daily and quarterly validation checks for the washer disinfectors were

not being carried out, this included the removal of filters for cleaning, the automatic control test and the cleaning efficiency test. The provider assured us they would check with the manufacturer for that machine and adjust the checks accordingly.

The practice had suitable 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 practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

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

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. The practice used paper dental care records. We looked at a sample of dental care records to confirm our findings. We found the detail recorded in patients' care record was inconsistent and could be improved. For example:

- Risk assessment for caries, oral cancer, tooth wear and periodontal condition were not routinely recorded.
- The taking of radiographs was not always justified.
- Patient medical history was not consistently updated at every visit.
- Recall intervals were not recorded according to risk.

Are services safe?

- Consent gained was not always recorded.

Evidence sent to us after the inspection supported that a dental care record template was now being used; the template would help ensure that appropriate details were captured thoroughly and consistently.

The patient care records were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had systems for the handling and dispensing of medicines. These were not currently managed in line with recognised guidance. For example:

- The practice details were not recorded on the dispensed packaging.
- Dispensing information was handwritten and not typed.
- There was no recording of who the medicine was being dispensed to.

- There was not log kept to record expiry dates of dispensed stock.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice. Staff gave examples of when an incident would require further investigation and we saw evidence in the incident folder and staff meeting minutes to support that this process was embedded.

There was a system for receiving and acting on safety alerts. The practice 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

Effective needs assessment, care and treatment

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance but there were areas during discussion, where we found inconsistencies in clinical practice and some areas where knowledge of guidance was limited. For example, awareness of the guidance relevant to The Faculty of General Dental Practice UK (FGDP (UK), selection criteria for dental radiography and British Society of Periodontology (BSP) could be improved. The provider was supportive of the feedback given and assured us that improvements would be made.

Helping patients to live healthier lives

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We found some improvements could be made to ensure gum bleeding scores were recorded correctly and consistently in line with BSP guidelines, and that treatment for more severe gum disease was accurately documented in the patient care record.

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

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance but the type of consent gained was not consistently recorded in the patients care record.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may 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. The 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. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information. The audit had not identified the detail being recorded was inconsistent.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, some staff had undertaken additional qualifications to enhance their role, such as oral health education and fluoride application.

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

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Are services effective?

(for example, treatment is effective)

Co-ordinating care and treatment

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

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

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice set up a system to monitor all referrals on the day of inspection to make sure they were dealt with promptly.

Are services caring?

Our findings

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 fantastic, caring and kind. We saw that 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

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 and were aware of the

the requirements under the Equality Act. Interpreter services were available for patients who did not use English as a first language. Staff communicated with patients in a way that they could understand and communication aids 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.

The practice 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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included 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

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 on the importance of emotional support needed by patients when delivering care.

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

The practice had made reasonable adjustments for patients with disabilities. These included steps free access and a hearing loop.

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 seen 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 their own dentists.

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

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The practice had not received any complaints in the past 9 years.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet did not have any information explaining how to make a complaint.

The provider was responsible for dealing with complaints. Staff would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The policy confirmed that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. No information was available to patients about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. We highlighted this to the provider who assured us this would be reviewed.

The practice had not received any complaints in the past nine years. Historical records were available for review and these showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

We found the provider had the capacity and skills to deliver high-quality, sustainable care. and demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

During the inspection, the provider and staff were open to feedback and discussion. They took positive action to rectify some concerns on the day and remained in contact with us after the inspection to provide updates on improvements they had implemented.

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.

The practice focused on the needs of patients.

We provider had systems in place to deal with 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. They had confidence that these would be addressed.

Governance and management

There were 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 and 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.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

The practice 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

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We noted that some improvement could be made to ensure audits were completed more thoroughly, and where appropriate, have documented outcomes and learning points.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Are services well-led?

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.