# Dr. Jagmail Basrai

# Chafford 100 Dental Care

## Inspection Report

Chafford Hundred Dental Care
Drake Road
Grays
Essex
RM16 6SE.
Tel:01375481000.
Website:http://www.basrai.co.uk/index.html

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## Overall summary

We carried out this announced inspection on 30 April 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

Chafford 100 Dental Care is in Grays, Essex and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available outside the practice.

# Summary of findings

The dental team includes two dentists, two dental nurses and one trainee dental nurse, and one receptionist. A visiting dentist with a special interest in endodontics attends the practice when required. The practice has two treatment rooms.

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 45 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8am to 5pm. Saturday by appointment only.

### Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance. There were no records of infection control audits or an annual infection control statement.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk. However, risk assessments were limited.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's protocols to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

# 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 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 practice had suitable arrangements for dealing with medical and other emergencies.

**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 in line with recognised guidance. Patients described the treatment they received as excellent, professional and outstanding. The dentist discussed treatment with patients, so they could give informed consent and recorded this in their records.

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

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

**No action** ✓

**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 45 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, brilliant and welcoming.

They said that they were given detailed, 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.

**No action** ✓

# Summary of findings

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to 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.

**Are services well-led?**

**No action** ✓

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 practice team kept complete patient dental care records which were, clearly written and stored securely.

The provider had some systems in place to monitor clinical and non-clinical areas of their work. This included asking for and listening to the views of patients and staff. A business recovery plan had not been created, not all the clinicians had completed a radiograph audit and there were no records of an infection control audit or an infection control annual statement. Following the inspection, the practice provided a recent infection control audit and a business continuity plan. There was scope to ensure audits, risk assessments and peer review were reflective of the whole staff team to help them improve and learn.

# 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 saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. There was scope to ensure staff had a clear understanding of notification to the CQC.

The practice had a system to highlight vulnerable patients on paper 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. Staff described how as they only used paper records they ensured patient dental care records were correctly identified when a patient attended for an appointment.

The practice had a whistleblowing policy. Staff told us that felt confident that they could raise any concerns with the principal dentist.

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 suitably documented in the dental care record and a risk assessment completed.

The practice did not have a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. We discussed this with the provider who confirmed this would be put in place. Following the inspection the practice provided evidence to CQC that a business continuity plan had been created.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. We noted that where we were told verbal references had been obtained prior to employment, these had not been recorded in staff recruitment records. We discussed this with the principal dentist.

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. The provider did not provide a five-year fixed wire test certificate at the time of our inspection. The provider confirmed this had been undertaken in 2017 and they had requested the certificate from the electrician, however this had not been provided despite repeated requests. The certificate was sent to us following the inspection.

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 suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We noted that where some X-ray signage was missing the practice took immediate action to replace this.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The principal dentist had undertaken a radiography audit following current guidance and legislation. There was scope to ensure these were conducted for all clinicians taking radiographs at the practice.

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

**Risks to patients**

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

The practice's health and safety policies and procedures were in the process of review. There were a limited number of risk assessments in place and scope to extend the range of risk assessments undertaken. The practice had current employer's liability insurance.

# Are services safe?

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 was in the process of being completed, we were told this would be completed and circulated to all staff. The practice used safer sharps system when providing local anaesthetic.

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. We noted there were no records in place for one member of staff to confirm their immunity. We discussed this with the principal dentist who confirmed this would be 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 as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that where some oxygen signage was missing the practice took immediate action to replace this.

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

Risk assessments and safety data sheets were in place for some hazardous materials used in the practice, but there were none available for the cleaning products used.

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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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. Not all cleaning equipment had been stored appropriately. We discussed this with the principal dentist who confirmed they would review the storage arrangements. The practice was visibly clean when we inspected.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked bin which was further secured within a gated and locked area at night.

The practice had no records of infection prevention and control audits, there was no annual infection control statement available at the practice. The following day the provider sent CQC an infection control audit undertaken following the inspection. The practice confirmed an annual infection control statement would be produced.

### 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. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection 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 practice had reliable systems for appropriate and safe handling of medicines.

# Are services safe?

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

An antimicrobial prescribing audit had been completed. However, this was combined across all dentists and did not identify the individual dentists prescribing performance.

### Track record on safety and Lessons learned and improvements

There were some 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 was scope for the practice to expand this into a more comprehensive educational tool by reviewing a wider range of incidents as events. We discussed this with the principal dentist and the practice team during the inspection.

There were 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 described working within a small team and regular huddles each day to discuss any complaints, complex procedures or patients with special needs.

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 practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We received 45 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. Patients described the interaction between themselves and the dentist, which included detailed discussions about treatment plans and the provision of treatment to a high standard.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment.

### Helping patients to live healthier lives

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

The dentist told us they 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 dentist told us that where applicable they 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 available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

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.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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. The practice had processes in place to establish and confirm parental/legal responsibility when seeking consent for children and young people.

### 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.

There was scope to ensure an audit of patients' dental care records was undertaken for all dentists working at the practice to check that the dentists recorded the necessary information.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

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

Staff told us they discussed training needs at annual appraisals, during daily huddles and at one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### Co-ordinating care and treatment

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

The principal dentist 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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems and processes 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 had some systems in place to monitor referrals. There was scope to improve systems to ensure all referrals could be tracked effectively. The dentist confirmed they would introduce a log of all referrals 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 made them feel relaxed and were comforting and kind. We saw that staff treated patients professionally, were welcoming, efficient and were friendly towards patients at the reception desk and over the telephone. It was clear staff had built up very strong relationships with patients over the years, and patients spoke very highly of them. We observed many warm and positive interactions between staff and patients throughout our inspection. Staff gave us examples of where they had supported patients such as after complex treatment and working through their lunch hour to accommodate patients'.

Staff described some of the practical ways they supported nervous patients during their treatment.

Patients said staff were compassionate and understanding. One patient commented on the ceiling mounted television screens above the treatment chairs and the cushions placed under their knees during treatment to support their lower back and make them 'comfy'.

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. Staff told us that if a patient asked for more privacy they would take them into another room. Staff did not leave patients' personal information where other patients might see it.

Patients' paper records were stored in lockable cabinets.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand.

The practice gave patients clear information to help them make informed choices. 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 provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included models and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The waiting room contained interesting magazines for patients to read, and books for children to keep them occupied whilst waiting.

The practice had made some adjustments for patients with disabilities. The practice was situated on the ground floor with level access to the building, an accessible toilet with baby changing facilities, handrails and a call bell were available. Chairs in the waiting room had arms to assist patients. The principal dentist described the chair elevators the practice was looking into purchasing to support patients further when standing. We noted there was no portable hearing loop to assist those who wore hearing aids. Staff described how they would support patients with limited or reduced hearing or vision. There was no information about translation services for patients who did not speak or understand English, staff told us they would use an electronic search engine to assist patients who did not speak or understand English. Information about the practice was not produced in any other formats or languages.

### Timely access to services

Patients were able to 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 practice website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they 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 practice website 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 a policy providing guidance to staff on how to handle a complaint.

The principal dentist was responsible for dealing with these. Staff described how they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist 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 dealt with their concerns.

The practice had not received any complaints in the previous 12 months.

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist 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 principal dentist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke highly of the dentist, telling us he was approachable and responsive to their ideas. Although the staff team was small, it was clear they worked and communicated well together. Staff told us they enjoyed their work and the nurse had worked there for several years.

### Culture

The practice was small and friendly and had built up a very loyal and established patient base over the years. Staff clearly enjoyed their work citing good team work, support and training as the reason. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues.

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

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

Communication across the practice was structured around regular informal huddle meetings. Staff told us they were able to discuss issues and they felt able and willing to raise their concerns.

The principal dentist 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 recently introduced a new system of clinical governance which included policies, protocols and procedures and was in the process of transferring all the processes undertaken at the practice from the previous to the new system. There was scope to ensure the processes at the practice reflected the new policies. For example, the infection control protocol stated audits were undertaken bi-annually, however the practice were not able to provide evidence of any infection control audit undertaken. Within 24 hours the practice provided CQC evidence of an infection control audit undertaken immediately following the inspection. There was scope to ensure a wider range of risk assessments and audits were undertaken to ensure these reflected the performance across all the clinicians and the whole practice team. The dentist confirmed that a lot of governance work had been undertaken in the two weeks prior to the inspection and that much of this had yet to be embedded across the practice and practice team. Following the inspection the practice created a business continuity plan.

The dentist was aware of the shortfalls in the practice's governance procedures and it was clear they were working hard to try to improve the service.

### 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 comment cards and verbal comments to obtain patients' views about the service.

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

# Are services well-led?

### Continuous improvement and innovation

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

The practice had some quality assurance processes to encourage learning and continuous improvement. These included some limited audits of dental care records and radiographs. There was scope to ensure these were undertaken across the whole clinical practice team and ensure infection prevention and control were completed bi-annually in line with published guidance.

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

The whole staff team 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.