

Smiles Centre

Smiles Centre

Inspection Report

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Overall summary

We carried out this unannounced inspection on 04 June 2018 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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action

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 not providing well-led care in accordance with the relevant regulations. We have told the provider to take action

Background

Smile Centre is in Swindon, Wiltshire and provides private treatment to adults and children.

The dental team includes two dentists, three dental nurses, a trainee dental nurse, a dental hygiene therapist, a receptionist and the practice manager. The practice has two treatment rooms, a consultation room, a decontamination room and reception area. The practice is open Monday, Tuesday, Wednesday and Friday 9:00am – 5:30pm and Thursday 9:00am – 8:00pm.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

Summary of findings

Care Quality Commission 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 Smile Centre was one of the partners.

During the inspection we spoke with a dentist, a dental nurse, a dental hygiene therapist, the practice manager, the registered manager and the director. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- There was a lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Governance arrangements were not effective to facilitate the smooth running of the service and there was no evidence of audits being used for continuous improvements.
- The practice did not have suitable processes for safeguarding adults and children.
- The practice did not have effective leadership.
- The practice did not have effective staff recruitment procedures.
- The practice did not have suitable information governance arrangements.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice staff dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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 not providing safe care in accordance with the relevant regulations. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

The practice did not have systems and processes to provide safe care and treatment. They did not use learning from incidents and complaints to help them improve.

Staff had not received training in safeguarding and did not know how to report concerns.

The practice had not completed essential recruitment checks.

Premises and equipment were not properly maintained.

The practice did not have suitable arrangements for dealing with medical and other emergencies.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. Staff were qualified for their roles.

Enforcement 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. The dentists 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 did not support staff to complete training relevant to their roles and did not have 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.

The practice received patient feedback through online platforms. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Staff were aware of their responsibility to respect people's diversity and human rights. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

No action



Summary of findings

Staff were not 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).

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice had not considered patients' different needs. A disability risk assessment had not been carried out. The practice did not have access to interpreting services and did not have 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.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

There was a lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Governance arrangements were not effective to facilitate the smooth running of the service and there was no evidence of audits being used for continuous improvements. There was a lack of effective leadership.

The practice team kept complete patient dental care records which were, clearly written and typed. Dental care records such as medical histories were not stored securely. Computers were not always turned off and patient's information could be accessed.

The practice did not monitor 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.

Enforcement action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice did not have clear systems to keep patients safe.

Not all staff members 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 did not have effective safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice had a safeguarding children's policy which did not contain details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The practice did not have a safeguarding vulnerable adult's policy. The practice did not have records to show staff received safeguarding training. We asked the practice manager for evidence of safeguarding training and these records could not be provided.

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

The dentists used rubber 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 had a staff recruitment policy and procedure which reflected the relevant legislation. We looked at six staff recruitment records. These showed the practice did not follow their recruitment procedure. The practice did not have records of references and identity checks for all eight clinical staff. The practice did not have records of Disclosure and Barring Service (DBS) service checks for four clinical staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice did not have records to show a clinical staff member's qualification and registration with the GDC.

The practice did not ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We observed that the practice was undertaking building work such as replacing the roof, timber frame and the internal walls. The practice had not undertaken an asbestos survey. Following our inspection the practice sent us confirmation an asbestos survey had been booked for 27 June 2018.

The suction in treatment room one had a leak. The high speed and slow speed handpieces in treatment room one did not work. The air conditioner unit in treatment room one was not in use. The room had a window which could not be opened so that it could be adequately ventilated.

The practice did not have emergency lighting, adequate fire detection or adequate fire exit signs. The practice had fire extinguishers which had not been regularly tested or serviced. A fire risk assessment had been undertaken in May 2018 and there was an action plan in place.

The practice did not have adequate arrangements to ensure the safety of the X-ray equipment. The radiation protection file was not well maintained including local rules. The practice had not registered with the Health and Safety Executive in line with Ionising Radiation Regulations 2017 (IRR17). The practice did not have servicing records for one of two X-ray units. We were told one of the X-ray units was not used and we did not observe out of use signage.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had not carried out radiography audits every year following current guidance and legislation.

The practice did not have records to show that clinical staff completed continuing professional development (CPD) in respect of dental radiography. We asked the practice manager for evidence of CPD and these records could not be provided.

Risks to patients

The practice did not have effective systems to assess, monitor and manage risks to patient safety.

Are services safe?

The practice's health and safety policies and procedures were not up to date and had not been reviewed regularly to help manage potential risk. The practice completed a health and safety risk assessment in May 2018 and an action plan was in place. 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 not been undertaken and updated annually.

The provider did not have an effective 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. The practice did not have records to show that five of the eight clinical staff were immunised against Hepatitis B

The practice did not have records to show that staff had completed training in emergency resuscitation and basic life support (BLS) every year. We asked for evidence of training and it could not be provided.

Staff knew how to respond to a medical emergency.

The practice did not have adequate emergency equipment and medicines as described in recognised guidance. We found the emergency medicine Glucagon was not stored in the fridge and the expiry date had not been revised in line with current guidance. The practice did not have the emergency medicine Midazolam. A variety of sizes of child and adult size oxygen masks, a bag valve mask and portable suction were not available at the practice. Following our inspection the practice sent us confirmation these items had been ordered.

Staff did not keep adequate records of their checks on emergency equipment and medicines to make sure these were available, within their expiry date, and in working order.

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

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that

are hazardous to health. The practice had undertaken a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH).

The practice had an infection prevention and control policy and procedures which had not been updated since June 2013. The practice had one steriliser and had not completed an appropriate risk assessment in the event the steriliser did not work and instruments had to be taken elsewhere for sterilisation. The practice did not have records to show staff completed infection prevention and control training and received updates as required. We asked the practice manager for these records and they could not be provided.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice did not have effective procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The practice had not undertaken a Legionella risk assessment and a disinfectant was not being used in the water lines.

The practice did not have cleaning schedules for the premises. Staff member told us that on the morning of the inspection treatment room one was not visibly clean and this was a regular occurrence.

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

The practice had not carried out infection prevention and control audits twice a year. The practice did not have an infection control lead.

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

Are services safe?

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.

We observed dental care records, were not stored securely complying with General Data Protection Regulation requirements. Medical history forms were found in a cabinet in the passage which was not lockable. Staff told us computers were often left on overnight in treatment room one and confidential information could be viewed.

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.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety

The practice did not have a good safety record.

The practice did not have comprehensive risk assessments in relation to safety issues. The practice did not monitor and review incidents to assist in understanding risks and safety improvements. We checked the accident book and no accidents had been recorded in the last 12 months. We spoke to staff who described two safety incidents which occurred in the last 12 months and they had not been recorded in the accident book.

The incidents were not investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice had not learned and made improvements when things went wrong.

The staff were not aware of the Serious Incident Framework and had not recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

The practice did not have adequate systems for reviewing and investigating when things went wrong. The practice had not learned and shared lessons identified themes or taken action to improve safety in the practice.

The practice did not have a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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.

Dental implants

The practice offered dental implants. These were placed by the one of the dentists at the practice. The practice did not have records to show the dentist had undergone appropriate post-graduate training in this speciality. Following our inspection the practice sent us confirmation of continuing professional development in placing implants.

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 dentists 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 based on an assessment of the risk of tooth decay.

The dentists 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 dental hygiene therapist 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 to review their compliance 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 can 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured induction programme. The practice did not have records to show that any of the eight clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The dental nurses had annual appraisals. We saw evidence of completed appraisals which were limited in nature. We found the practice did not use the appraisals to address the training requirements of staff. Staff did not discuss training needs at annual appraisals.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial 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.

Improvements could be made to ensure the practice monitored 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.

We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patient's feedback told us staff were kind and helpful when they were in pain, distress or discomfort. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service.

Information leaflets were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy. 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. The reception computer screens were not visible to patients.

Staff password protected patients' electronic care records and backed these up to secure storage. We observed medical histories were not stored securely. Staff told us computers were often left on overnight in treatment room one and confidential information could be viewed.

Involving people in decisions about care and treatment

Staff were not 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). For example, the practice did not have easy read materials.

Interpretation services were not available for patients who did not have English as a first language.

The practice gave patients clear information to help them make informed choices. 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 for example photographs, 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 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.

Staff shared examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia and those living with diabetes.

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

The practice had not completed a Disability Access audit.

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

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 on their 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 complaints policy. We found the complaints policy did not contain the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. The complaint policy was not accessible to patients. The practice did not have a complaints log and complaints were not monitored. We looked at comments, compliments and complaints the practice received in the last 12 months. We saw the complaints were investigated and responded to appropriately. Improvements could be made to ensure the outcome of the complaints was discussed with staff to share learning and improve the service.

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 told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

Are services well-led?

Our findings

Leadership capacity and capability

The practice did not have an effective leadership structure. The registered manager and practice manager did not have the capacity and skills to deliver high-quality, sustainable care.

There was a lack of leadership within the practice. The registered manager and practice manager did not have the experience, capacity and skills to deliver the practice strategy and address risks to it. The practice manager did not have adequate training for the role.

The registered manager and practice manager were not knowledgeable about issues and priorities relating to the quality and future of services. They did not understand the challenges and were not addressing them.

Vision and strategy

There was a clear vision and set of values. The values included offering skilled dental care to enhance and improve the oral health of all patients, treating patients with respect at all times and supporting individual choice and personal decision making as the right of all patients. We found staff did act in line with the vision and values of the practice.

Culture

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

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to complaints. We saw an example where the practice acknowledged there was miscommunication between staff when one associate dentist left the practice. This resulted in a delay to the patient's treatment. The practice resolved the complaint and sent an apology to the patient.

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

The practice did not have clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager 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. The practice did not have an infection control or safeguarding lead.

The practice did not have an effective governance system. This included arrangements to monitor the quality of the service and make improvements. The practice did not have adequate arrangements for identifying, recording and managing risks through the use of risk assessment such as Legionella and hazardous substances. A general practice, fire and health and safety risk assessment had been undertaken in May 2018 and the action plans were provided at the inspection. The general practice risk assessment showed the practice was not meeting any of the key requirements and there was an extensive action plan recommended to improve compliance. There was a detailed action plan for fire and health and safety.

The practice had close circuit television (CCTV) and we observed cameras in the reception area and passage way and a sign on the door advising CCTV was on the premises. The practice did not have a policy for the use of CCTV in line with guidance issued by the Information Commissioner's Office.

The provider did not have an effective system of clinical governance in place. Policies, protocols and procedures had not been regularly reviewed and updated. These policies and procedures have not been updated since 2013 and were not effective for the smooth running of the service.

The practice did not have clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

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

The practice did not have adequate information governance arrangements and staff were not aware of the importance of these in protecting patients' personal information. Computers were left on overnight and patient's medical histories were not stored securely.

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 comments received through online platforms to obtain patients' views about the service.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service. We found that these suggestions were not acted upon.

Continuous improvement and innovation

The practice did not have effective systems and processes for learning, continuous improvement and innovation.

The practice did not have quality assurance processes to encourage learning and continuous improvement. The

practice did not have arrangements for identifying, recording and managing risks through the use of scheduled audits and monitoring tools. The practice had not completed an infection control or radiography audit.

The partners did not show a commitment to learning and improvement and did not value the contributions made to the team by individual members of staff. We found staff had raised concerns with the partners regarding the cleanliness of treatment room one, confidentiality of patient records and the faulty equipment in treatment room one. Appropriate action had not been taken regarding these concerns.

The dental nurses had annual appraisals. We saw evidence of completed appraisals which were limited in nature. We found the practice did not use the appraisals to address the training requirements of staff. Staff did not discuss training needs at annual appraisals.

The practice did not have records of staff completing 'highly recommended' training as per General Dental Council professional standards. This would include undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development (CPD). The practice did not provide support and encouragement for staff to complete CPD.