

Mr. Mike Allen

Mike Allen's Dental Practice

Inspection Report

4 Barberry Court
Callister Way
Burton on Trent
Staffordshire
DE14 2UE

Tel: 01283 845345

Website: www.mikeallendental.co.uk

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Overall summary

We carried out this announced inspection on 29 January 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mike Allen's Dental Practice is in Burton-on-Trent, Staffordshire and provides private dental care and treatment for adults and children.

The practice is situated in purpose-built premises and services are available over two floors. There is level access to the ground floor of the practice and a lift to the first floor for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available in the dedicated practice car park.

Summary of findings

The dental team includes two dentists, five dental nurses, three dental hygienists and one receptionist. The practice has four 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 47 CQC comment cards filled in by patients.

During the inspection we spoke with the principal dentist, three dental nurses, one dental hygienist 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 Wednesday from 8.30am to 5.30pm.

Thursday from 2pm to 5.30pm.

Friday from 8.30am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of size two and four face masks for the self-inflating bag. These were ordered within 48 hours of the inspection.
- The dentists were not routinely following current guidance when prescribing medicines.
- The provider had some systems to help them manage risk to patients and staff. We found shortfalls in assessing and mitigating risks in relation to electrical wiring testing, and fire detection equipment maintenance.

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided. In addition to this they employed an external company to conduct a patient satisfaction survey programme on a regular basis to drive improvement.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Improve the practice's protocols for medicines management and ensure all medicines are prescribed and dispensed in accordance with published guidance.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular ensuring that fire alarm and emergency lighting servicing is undertaken in line with manufacturer's instructions.

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

No action ✓

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

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

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

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

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

There were two dedicated decontamination rooms (one on each floor of the practice) which supported the two treatment rooms on that level. The decontamination rooms were used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. The water temperature that was

used for manual scrubbing was not checked or logged at the time of our inspection. Following our inspection, the principal dentist advised us that they had purchased a thermometer and would be recording this going forward.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed. There was scope to strengthen the process by documenting that the appliances had been disinfected within the practice. The principal dentist discussed this with the team and advised us that staff were now documenting this on the laboratory tickets to ensure that the technicians were aware of their process.

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

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

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

The infection control lead carried out infection prevention and control audits annually. National guidance states that these audits should be completed every six months. The latest audit completed in October 2019 showed the practice was meeting the required standards. We discussed this with the principal dentist and was advised that staff would complete these every six months.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

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

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

Are services safe?

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

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

Staff ensured equipment was safe to use and maintained according to manufacturers' instructions. However, we found that facilities were not all maintained according to recognised guidance. For example, five yearly electrical fixed wire testing had not been completed at the time of our inspection; this was undertaken on the 6 February 2020 and found to be satisfactory. The fire alarm and emergency lighting had not received an annual service. We were advised that the fire alarm service had been scheduled for February 2020 and a contract was in place to ensure this was completed annually. The emergency lighting was in the process of being upgraded and therefore an annual service had not been scheduled.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

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

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

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards

available for those who handled needles. On the day of our inspection the provider was unable to locate the practice sharps risk assessment. This was sent to us following the inspection; it had been completed in December 2019 and signed by all staff to demonstrate that they had reviewed the risk assessment.

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

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were not displayed throughout the practice. We were advised that posters would be displayed to help ensure staff triaged appointments effectively to manage patients who presented with a dental infection and, where necessary, refer patients for specialist care.

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

Emergency equipment and medicines were mostly available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. There were two emergency equipment and medicine kits in the practice, one for each floor of the building. Size two and four face masks for the self-inflating bags were not present, these were ordered within 48 hours of the inspection. One medicine had been stored outside of refrigeration however its shelf life had not been adjusted in line with published guidance, this was rectified during our inspection.

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

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

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We

Are services safe?

looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, kept securely and complied with General Data Protection Regulation requirements. A recent record card audit completed in February 2019 had highlighted that not all of the written notes were legible. The provider was aware of this and looking to implement an electronic clinical care record system to rectify this.

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

Safe and appropriate use of medicines

We saw staff stored private prescriptions as described in current guidance. We found that systems required review regarding the monitoring of individual prescription numbers, as current processes would not identify if a prescription was taken inappropriately. We were sent information after our visit that showed monitoring arrangements had been put in place.

The dentists did not routinely follow current guidance when prescribing medicines. We found that medicines were not prescribed in the correct dose for the duration that was required; medicines were not labelled with the

practice name and address; medicines had not been disposed of correctly; and not all of the dentists were logging medicines that were being dispensed to patients. This was discussed during the inspection and assurance given that the processes would be reviewed to be compliant with published guidance.

Track record on safety, and lessons learned and improvements

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

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

The provider had recently signed up to receive safety alerts and had implemented a system for receiving and acting on them. This would ensure that staff learned from external safety events as well as patient and medicine safety alerts. We were told that any relevant alerts would be shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras and digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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 leaflets to help patients with their oral health.

The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. As part of this the practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

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

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

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

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

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider funded online training for all employed staff. External training such as basic life support was provided in house for all staff.

Are services effective?

(for example, treatment is effective)

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

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients without exception said staff were compassionate and understanding. Patients told us that they received an excellent service and all staff were very helpful and caring. Several patients commented that they travelled a considerable distance to remain with this practice as they had built good relationships with the team due to being seen by this team for many years.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Comments we reviewed highlighted that many previously nervous or anxious patients felt reassured and well cared for at this practice.

Information leaflets, practice policies and magazines were available for patients to read in the waiting room. Music was played in the treatment rooms and a television was on in the waiting room to help patients to relax. A Wi-Fi code was displayed for patients to use the practice's internet.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were partially visible to patients. We discussed this with the receptionist who advised they

would move the desk at an angle which would prevent patients from being able to see the screen as they walked to and from the ground floor waiting area. Staff did not leave patients' personal information where other patients might see it. Paper records were stored securely, and computer records were backed up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act and ensured that patients and their carers could access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- Large print documents and braille could be made available to patients upon request.
- Longer appointments were given to patients that required more time to discuss and understand their treatment options.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. 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 principal dentist described to us the methods they used to help patients understand treatment options discussed. This included photographs, study models, videos, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice used social media websites to keep patients informed of any staff updates, oral health promotion and advice.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. One staff member had completed autism awareness training to improve their understanding and help support patients diagnosed with autism.

Patients described high levels of satisfaction with the responsive service provided by the practice. Several patients commented that they had been treated by this provider for over 20 years and had moved out of the area. They advised that they travelled considerable distances as they had built trust and confidence with their dentist. Many patients told us they would highly recommend this practice and would not wish to be seen anywhere else.

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

47 cards were completed, giving a patient response rate of 94%. Of the completed cards, 100% of views expressed by patients were positive. Common themes within the positive feedback were the caring nature of staff, easy access to dental appointments, and the excellent service provided by the team at this practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Details of adjustments were documented on the patients' care records to ensure that they were fully met.

The practice had made reasonable adjustments for patients with disabilities. The practice was in a purpose-built premise that had been designed to

accommodate all patients. There was step free access to the ground floor where the reception was situated. There were two treatment rooms on each of the two floors so that a hygienist and dentist could work alongside each other to benefit patients wishing to make joint appointments. A lift to the first-floor supported patients with limited mobility or pushchairs. Patient toilets were available on both floors with the ground floor toilet being fully accessible with hand rails and a call bell. The practice had a hearing induction loop and large print documents and braille were available on request.

Staff had carried out a disability access audit in November 2019 and had formulated an action plan to continually improve access for patients.

All patients were reminded of appointments two working days before either by text message or a telephone call dependant on the patient's preference. Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

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

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

The staff took part in an emergency on-call arrangement with some other local practices and patients were directed to the appropriate out of hours service.

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

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

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

The receptionist was the practice complaints lead and would pass any clinical complaints to the principal dentist to investigate. Staff told us they would tell the complaints lead about any formal or informal comments or concerns straight away so patients received a quick response.

The complaints lead 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 complaints lead had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The principal dentist had delegated lead roles to staff members within the practice to ensure an inclusive leadership was prioritised. Staff told us they worked closely with the principal dentist to make sure they delivered compassionate and high-quality care to their patients.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

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. One staff member commented that this was the best practice they had worked at.

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

The staff focused on the needs of patients. There were plans to move to an electronic clinical care record platform following a record card audit that had highlighted room for improvement.

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

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

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

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. A lead roles structure was displayed in the office.

The principal dentist had overall responsibility for the management and clinical leadership of the practice alongside the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

The provider used patient surveys, a suggestions box and encouraged verbal comments to obtain patients’ views about the service.

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

Continuous improvement and innovation

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. For example, the dental hygienist was part of a dental hygienists’ network.

Are services well-led?

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made to

the team by individual members of staff. For example, the principal dentist funded online training for all employed staff. External training such as basic life support was provided in house for all staff.

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