Bodmin Dental Care Limited

Bodmin Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 21 May 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 second CQC inspector and 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

Bodmin Dental Care is in Bodmin and provides NHS and private treatment to adults and children.

There is a step to negotiate to access the practice. Once inside there is a ground floor surgery. Car parking spaces, including spaces for blue badge holders, are available near the practice.

The dental team includes three dentists, three trainee dental nurses, one dental hygienist, one receptionist, one receptionist/trainee dental nurse and a practice manager (who is also a trained dental nurse). The practice has four treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the 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 Bodmin Dental Care is the practice manager.

On the day of inspection, we collected 17 CQC comment cards filled in by patients and spoke with three other patients. This gave us a positive view of the practice. However, some comments were made by patients of a perceived high turnover of dental practitioners and long waits for treatments.

During the inspection we spoke with one dentist, one trainee dental nurse, one hygienist, one receptionist, one receptionist/trainee dental nurse, the practice manager, two area managers and the provider. We looked at practice policies and procedures and other records about how the service is managed.

- The practice is open: Monday to Thursday 8.30am – 5.00pm
- Friday: 8.30am – 4.00pm
- The practice is closed between 1pm and 2pm (Mon – Thurs), and between 1.30pm and 2pm (Fri), for lunch.

Our key findings were:

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider had effective leadership and culture of improvement.
- The provider dealt with patient complaints positively.
- Staff knew how to deal with emergencies.
- The provider had suitable information governance arrangements.
- Improvements have been made to ensure staff follow infection control procedures, which reflect published guidance.
- Improvements have been made to ensure thorough staff recruitment procedures.
- The practice had systems to help them manage risk to patients and staff.
- The appointment system took account of patients' needs. The provider acknowledged that there had been some staffing capacity challenges recently.
- The provider asked staff and patients for feedback about the services they provided.

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

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Review the practice's infection control procedures and protocols, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the practice's system for 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 audit protocols to ensure audits of patient record cards and antimicrobial prescribing 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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 were improving systems to learn from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice had completed essential recruitment checks. Improvements were in place to ensure the robust employment procedure for future staff appointments.

Improvements had been put in place to ensure procedures and protocols for the cleaning of the premises and equipment were followed. Further improvements could be made to ensure improvements are sustained.

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

Are services effective?

No action

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

Improvements could be made to ensure dental professionals consider relevant nationally recognised evidence-based guidance when assessing patients.

Improvements could be made with regard to the completion of dental care records.

Patients described the treatment they received as attentive and educative regarding oral health improvement. 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. Improvements have been implemented to monitor referrals.

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

Are services caring?

No action

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

We received feedback about the practice from 20 people. Patients were positive about the caring nature of staff working at the practice. They told us staff were approachable and easy to talk to.

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

Summary of findings

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

Are services responsive to people's needs?

No action 

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. A number of recent staff changes meant that there were some delays for routine appointments.

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

The practice took patients views seriously. They valued compliments from patients and responded to patient concerns and complaints constructively. Recent systems had been put in place to ensure all complaints, including negative feedback, were logged, and responded to, where possible.

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, who responded quickly and positively to make improvements as they are identified.

The practice team kept patient dental care records and improvements could be made to audit the records to ensure they are complete. Records have been risk assessed to ensure they are stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

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

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, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. We spoke with staff on duty, who told us they felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We looked at six staff recruitment records. We noticed that some background checks had been obtained after staff started working in the practice. At that time there were no risk assessments in place whilst staff worked without the background checks being completed. We saw that no staff were currently working without the necessary background checks. We raised this with the practice manager. Following the inspection, they wrote to us to tell us that the practice recruitment policy and procedure had been reviewed and updated to reflect the relevant legislation. They also said the policy now indicated when a risk assessment should be performed in the event of an unexplained delay in receiving requested information about job applicants.

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

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. The practice had identified that a revised building fire risk assessment was needed and had arranged for this to take place. We noted that some fire doors and one fire exit were compromised. We raised this with the practice manager. They wrote to us following the inspection to tell us that the remedial works to the practice fire systems had been completed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. We noted, however, that not all x-ray isolator switches were correctly labelled. We raised this with the practice manager, who wrote to us following the inspection to tell us that all switches were now currently labelled.

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

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

Risks to patients

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

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

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

Are services safe?

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

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

Emergency medicines were available as described in recognised guidance. We noted a child airbag and mask was missing from the emergency equipment and queried the check on the defibrillator. The practice manager took immediate action to order the missing equipment and confirmed this was in place following the inspection. They also told us the defibrillator was in working order after checking with the manufacturer.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. Following the inspection, the practice wrote to us to tell us that a risk assessment was now place for when the dental hygienist worked without chairside support. The GDC recommends that dental clinicians work with immediate chairside support.

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

The practice had an infection prevention and control policy and procedures. Prior to the inspection we had received some concerns regarding the cleaning and sterilisation of dental instruments. We spoke with the practice manager, who was aware of some raised concerns and who had already implemented some quality assurance and auditing processes to identify where improvements could be made and to re-educate or address performance issues.

We noted some further areas where further improvements could be made. We saw one of the sinks in the decontamination room and the floor were not clean, with areas of gathered dust and dirt. The decontamination room was cluttered and some recently sterilised instruments were uncovered. Some sterilisation tests did not appear to have been completed as frequently as guidance recommends in HTM 01-05. We saw one staff member not wearing recommended full personal protective equipment whilst working in the decontamination room. We raised these issues with the practice manager, who took immediate action to put remedial steps in place. They also wrote to us following the inspection to update us on staff training to ensure compliance with HTM 01 – 05 and action taken to review cleaning schedules at the practice.

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.

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

The practice carried out infection prevention and control audits twice a year as recommended. However, in light of plans to drive improvements the practice manager had recently introduced monthly audits to closely monitor quality improvement.

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. Electronic dental care records we saw were securely and complied with General Data Protection Regulation (GDPR) requirements. We noted some paper records were stored in an area of the building which suffered from damp, following a recent flood and was unable to be secured. We raised the appropriateness of this area for storage with the practice manager. They wrote to us following the inspection to tell us the storage had been risk assessed and an alternative lock had been fitted to the storage area.

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

Are services safe?

The provider 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.

The practice had not yet completed an antimicrobial prescribing audit. We raised this with the practice manager. Following the inspection, they wrote to us, to tell us that an audit had been scheduled, in conjunction with a newly developed policy on sepsis awareness.

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to safety issues and improvements were made immediately in response to our inspection visit. The practice had carried out an audit prior to our visit and had identified a number of areas for improvement relating to health and safety of the premises. The building is an old converted dwelling and faces many maintenance challenges. We saw the practice plan for improvement, which was scheduled order of risk. We also noted some areas for improvement, such as providing locks for unsecure cupboard spaces, removing blinds with hanging cords in waiting areas, addressing problems with the patient and staff toilet lighting, uneven flooring, fraying stair tread and a broken waste bin in a clinical area. We brought all these issues to the attention of the practice manager. They wrote to us following the inspection with details of all the areas identified as removed, fixed, secured or replaced.

The practice monitored and reviewed all identified incidents. However, improvements could be made to identify a wider range of current risks or potential near misses. We discussed this with the practice manager, who told us they had reviewed their significant events protocols to include all learning events, to help the practice understand risks and gave a clear, accurate and current picture to lead to safety improvements.

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 and Helping patients to live healthier lives

Improvements could be made to ensure that clinicians assessed patients' needs in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Improvements could also be made to support patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

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

The clinicians told us they directed patients to their GPs for stop smoking support services. We discussed with them raising awareness of national oral health campaigns and local schemes in supporting patients to live healthier lives and promote positive gum and oral health.

The dentist and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. We noted that it was not always clear when patients were referred to the hygienist, which clinician would be carrying out the six-point periodontal charting scoring for patients identified as having high risk of periodontal disease. Dental care records showed inconsistent recording of this scoring. We also saw in two records that x-rays clinically indicated from examination had not been carried out. We raised these issues to the practice manager. They responded by developing an action plan to address our findings, which included clinicians' re-education, a dental record card practice audit and a staff meeting to discuss our findings and improve communication between the dentists and dental hygienist.

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 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.

Effective staffing

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

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

Co-ordinating care and treatment

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

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

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

We discussed systems for monitoring referrals. Following the inspection, the practice manager wrote to us to tell us

Are services effective?

(for example, treatment is effective)

they had implemented a new protocol for proactively telephoning patients referred for specialist treatment to check that they had been offered an appointment. this system was intended to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were approachable and easy to talk to. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

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

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

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

Involving people in decisions about care and treatment

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

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 use English as a first language.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to 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. We noted the company website did not provide information about staff who work at the practice. The practice manager told us they would raise this with the provider.

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, such as members of society with dental phobia, people with drug and alcohol dependence and people living with dementia, autism and long-term conditions.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included access via one step, which staff told us they negotiated levels of assistance needed with the patient before their visit to the practice. The practice also had a hearing loop and accessible toilet with hand rails and a call bell.

A disability access audit had been completed. We noted the resulting action plan had not been fully developed. Following the inspection, the practice manager wrote to us to tell us that this action plan was now completed, in order to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived. The practice also made sure that noise and lighting were as low as possible to prevent sensory overload and photos of the practice were send to the family to familiarise them with the environment prior to their first appointment.

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 on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients told us that a number of recent changes in personnel had negatively affected the availability of non-urgent appointments and patients felt waiting times were longer than they expected.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice took patient 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 practice information leaflet explained how to make a complaint.

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

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

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

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

Are services well-led?

Our findings

Leadership capacity and capability

We found leaders 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. This included completion of a quarterly compliance audit, which we saw the recent audit identified a number of areas for improvement, which were then categorised into a traffic light plan of action to address the most urgent and serious areas. We saw that the action plan was being addressed.

Culture

The practice had a culture which acknowledged where improvements could be made and the provider was taking steps to address these. Areas for improvements at the practice were identified prior to and at the inspection. The practice held staff meetings. The manager wrote to us following the inspection to tell us that all items had been raised at a staff meeting, to communicate across the staff team and to plan for improvement. They also told us that staff meeting minutes were being revised, to create standing items on the agenda, such as safeguarding, complaints, feedback and learning events, to improve quality at the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

We saw the provider took action to deal with poor performance.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The practice manager was responsible for the day to day running of the service. They were supported by a wider team of senior managers within the company. Staff knew the management arrangements and their roles and responsibilities.

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

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

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, staff and external partners to support services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, upgrading the telephone system after patient feedback that the telephones were often engaged due to high patient demand. We noted that comments left by patients on the NHS Choices site had not been acknowledged by the practice or logged in the in-house complaints log. The practice told us they were aware of the comments left on-line but had trouble accessing the site. They told us they would make further enquiries into this and include on-line feedback in the future complaints analysis log.

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

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Improvements could be made as a record card audit was overdue and the practice had not conducted any antimicrobial prescribing audits. Following the inspection, the practice manager wrote to us to tell us that the audits had been planned to take place and that a sepsis policy had been written to support the antimicrobial prescribing audit.

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.