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Happy Smiles Family Dental Practice

Inspection Report

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Date of inspection visit: 24 August 2017

Date of publication: 17/10/2017

Overall summary

We carried out this announced inspection on 24 August 2017 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information for us to take into account.

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

Happy Smiles Family Dental Practice is in Newport and provides NHS and private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including those for patients with disabled badges, are available near the practice.

The dental team includes one dentist, one dental nurse, one dental hygienist and one receptionist. The practice has two treatment rooms.

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

On the day of inspection we collected 23 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

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

The practice is open from Monday to Friday between 9am and 5pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice 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 additional face masks – these were ordered promptly.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures but improvements were required to ensure a robust system was in place.
- 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. One incident took place a few weeks prior to our visit and had not been documented at the time. We brought this to the attention of staff and they promptly recorded all relevant information to encourage learning.

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

Staff were qualified for their roles and the practice completed essential recruitment checks. We identified some processes which were not operating effectively. Within 24 hours, the provider had implemented some changes and also informed us they would access additional training and advice on recruitment.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning and sterilising dental instruments. Sterilised instruments were stored correctly with the exception of some burs stored within a bur box. They were sterilised in accordance with guidance but the sterilised package required date stamping. We brought this to the provider's attention and were sent evidence of immediate changes that had been implemented.

The practice had suitable arrangements for dealing with medical and other emergencies. One item of equipment was missing and this was promptly ordered.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as gentle, brilliant and excellent. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were lovely, polite and knowledgeable. They said that they were given brilliant advice about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

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.

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

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

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

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

The practice 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.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed incidents to reduce risk and support future learning. However, we found that an incident took place a few weeks prior to our visit but had not been recorded. Staff understood this should have been recorded and we received a completed incident report from the practice within 24 hours.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System. Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. Some of the information within the policies was quite detailed and we found there was no process for accessing contact details promptly if an urgent referral needed to be made. Staff assured us they would add this information to a flowchart to allow easy and quick access. Staff shared an anonymised example of a referral that they made following safeguarding concerns about one of their patients. This demonstrated excellent team-working skills and appropriate discussions with relevant organisations.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed

relevant safety laws when using needles and other sharp dental items. The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. When the dentist did not use rubber dam, we were told the reason(s) were documented in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a business continuity plan describing how it would deal with events which could disrupt its normal running. However, the plan did not include contact details for many relevant organisations. Within 24 hours, we received an amended plan and this was comprehensive.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of some additional face masks for the self-inflating bags. Within 24 hours, the provider provided us with an invoice which showed that the face masks had been promptly ordered.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Bodily fluid spillage, eyewash and mercury spillage kits were available to deal with any incidents.

Staff recruitment

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice had a recruitment policy for the safe recruitment of staff, however, this did not have specific information about the acceptance of historical DBS (Disclosure and Barring Service) checks, immunisation status or the number of references required for each potential post. Within two working days, the provider sent us an amended policy and this was more comprehensive and contained the necessary information; however, we found that the policy did not include information about the number of references the practice would seek from prospective employees.

The practice followed procedures to help them recruit suitable staff. We looked at two staff recruitment files.

Are services safe?

Improvements were required in their recruitment processes as they did not consistently follow recruitment procedures that reflected current legislation. For example, one staff member was recruited without a recent DBS check and we also found that one staff member's immunisation status required further investigation in order to confirm they were adequately immune. Within 24 hours, the provider informed us they had sought advice from the Occupational Health clinicians regarding the employee's immunisation status. The provider had acted on their advice and also forwarded a copy of a new risk assessment that was compiled for staff in a similar position.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist and dental hygienist when they treated patients.

We saw evidence that relevant fire safety checks were carried out. This included fire drills, smoke alarms and fire extinguisher checks. The provider had completed training in fire safety in June 2017. The provider had carried out internal fire risk assessments at the practice and we were told these were based on a previous fire risk assessment that was carried out by an external fire safety specialist company. The provider did not have the original assessment as this was held by the previous owner. They told us they would consider and evaluate the options with the landlord for an external fire risk assessment to complement the previous internal assessment.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. However, there were some dental burs that had not been stored in line with guidance. These are used in a dental drill to cut tooth tissue. They had been sterilised correctly but the sterilised package required date stamping. The provider informed us they would begin implementing changes with immediate effect. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

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

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

We saw that the practice audited patients' dental care records to check that the dentist recorded the necessary information.

Health promotion & prevention

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

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us 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.

Staffing

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist 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 might not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The practice had installed CCTV (Closed Circuit Television) at the practice to improve security for patients and staff. Cameras were not present in the treatment rooms. Information was available on the practice's website about this but not in the practice. The CCTV Code of Practice (Information Commissioner's Office, 2008) states that signs should be prominently displayed to inform visitors that surveillance equipment has been installed. This was discussed with the provider and they immediately displayed appropriately positioned signage in the practice.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were knowledgeable, friendly and gentle. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. Patients were able to email the dentist directly if they wished to

discuss anything with the dentist alone. The reception computer screens were not visible to patients and staff did not leave 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.

Music was played and there were magazines available in the waiting room.

Information folders and thank you cards were also available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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. These included general dentistry and treatments for gum disease and more complex treatment such as one type of removable orthodontic treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass and accessible toilet with hand rails and a call bell. The toilet facilities had information in Braille for patients about how to use the emergency alarm. The practice also had written information in a larger font size for patients with visual impairments.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to telephone interpreter services, but these did not include British Sign Language (BSL) or information in braille. The provider had completed a course in the provision of BSL but felt they needed refresher training as it had been a few years since they had used BSL.

Staff said they could provide information in different languages to meet individual patients' needs.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and utilised a 'sit and wait' policy for patients requiring urgent treatment. They took part in an emergency arrangement with some other local practices. The website, practice 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The provider was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

Staff told us they 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 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

Governance arrangements

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the provider encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the provider was approachable, would listen to their concerns and act appropriately. The provider discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear 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. The dental nurse and receptionist 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. The provider was part of a peer review group and hoped that a dentist colleague would be able to appraise him in the near future.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. This included improved seating in the waiting room and the refurbishment of the practice. We were told that staff would provide feedback directly to the provider informally throughout the year and also formally during their appraisals.

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.