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Bhandal Dental Practice - 74 Birmingham Road

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 29 March 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance. Local anaesthetic was not stored in blister packs. We were assured local anaesthetics would be kept in the sterile blister packs until use.

Summary of findings

- Staff knew how to deal with medical emergencies. Not all appropriate life-saving equipment was available, missing items were ordered on the day of inspection.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The provider is part of a corporate group, Bhandal Dental and has multiple practices, and this report is about 74 Birmingham Road.

74 Birmingham Road Dental Practice is in Rowley Regis and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, including 1 orthodontic specialist, 8 qualified dental nurses, 4 trainee dental nurses, 3 dental therapists (including 2 orthodontic therapists), 2 practice managers and 3 receptionists. The practice has 8 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurses, 1 dental therapist, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 8am to 6pm and Saturday from 8am to 1pm.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies and implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to implement any recommendations in the practice's fire alarm service and ensure ongoing fire safety management is effective.

Summary of findings

- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	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)

The practice had safeguarding processes and staff were aware of their responsibilities for safeguarding vulnerable adults and children and were able to describe examples of where they used safeguarding procedures. Staff had completed safeguarding training to the required level for their role. The orthodontist had completed a higher-level training in safeguarding children. Training information for two members of staff was not available as we were told that these staff were not directly employed by the practice. The provider could not demonstrate that these staff had completed the required training.

Information and guidance on how to raise a safeguarding alert was displayed at reception and around the practice.

Information could be added to patients notes to help staff identify patients that were vulnerable or who required additional support.

The practice had infection control procedures which reflected published guidance. However, we noted that local anaesthetic was not being stored in the sterile blister packs. We were informed that local anaesthetic was sometimes removed from the blister pack for ease of use. We were assured that staff would be reminded to store this product in the blister pack until point of use.

Infection control was discussed regularly during staff meetings.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment which was completed in February 2023. Actions had been taken in line with risk assessment recommendations.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Practice staff completed cleaning tasks. Method statements informed staff how to perform common cleaning tasks effectively and logs were in place to demonstrate cleaning tasks were completed.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements in July 2022. We saw that emergency lighting; fire extinguishers and the fire alarm system were all serviced in December 2022. One issue for action was identified for the fire alarm system. We were informed that this had been reported. During the inspection, the practice manager contacted the company's fire safety representative, and we were assured that action would be taken as soon as possible to address the issue raised.

One of the practice managers was responsible for completing fire safety checks. We saw evidence of fire alarm checks on a weekly basis. We were told that fire extinguishers were checked, but records were not kept demonstrating this. There was a fire logbook which had not been completed to demonstrate that emergency lighting and fire doors were checked

Are services safe?

regularly, and we were told that these checks were not completed. During discussion, we were assured that the fire logbook would be fully completed to demonstrate all checks completed. There were no records to demonstrate that fire drills were completed. We were shown evidence to demonstrate that during a practice meeting the fire drill procedure was discussed. There was no evidence to demonstrate that fire drills took place to allow staff to practice evacuation procedures in a simulated situation to ensure they were fully aware of how to safely exit the building.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Clear face masks for self-inflating bags sizes 0 to 4 were missing from the emergency equipment, replacements for these items were ordered on the day of inspection. Logs were seen recording temperatures of the area where emergency medicines were stored to help ensure that they were being stored in line with manufacturers recommendations. Daily checks were made on the emergency medicines, oxygen and automated external defibrillator (AED). Checks of emergency equipment were not recorded at the frequency suggested in national guidance. We were assured that these checks would be completed at the required frequency going forward.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Two staff had completed on-line training only. We were informed that these staff would attend the next 'face to face' training available.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Information was stored alphabetically for ease of access. Safety data sheets were available for each product in use.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually. The last audit was completed in December 2022.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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. This included monthly practice meetings, training and disseminating urgent information by email or staff social media group.

The specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. Information was available to assist staff, for example, a capacity flow chart and mental capacity assessment forms. The majority of staff had completed mental capacity act training.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Systems were in place to notify the dentist of vulnerable patients.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed 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 dentist 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 had completed training regarding equality and diversity and were aware of their responsibility to respect people's diversity and human rights. Staff were friendly and helpful to patients when they were at the reception desk.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality and had completed confidentiality training.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice. Information regarding fees was on display within the practice and available on the practice website.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, study models, and X-ray images. Leaflets could also be made available to give patients information about treatments provided at the practice.

Are services responsive to people's needs?

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. Staff would notify the dentist if a patient was anxious and would chat to them to put them at ease.

The practice had made reasonable adjustments, including providing a lower-level reception desk, a hearing loop, reading glasses and interpreter services. The practice provided a reception, waiting area, dental treatment rooms and a disabled access toilet on the ground floor of the building for patients with access requirements. An additional waiting area and treatment rooms were also available on the first floor. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The waiting time for a routine appointment was approximately 3 weeks. The practice had an appointment system to respond to patients' needs. The practice was open Monday to Friday from 8am to 6pm and on a Saturday from 8am to 1pm. These extended opening hours helped to ensure that patients who worked Monday to Friday had access to dental services. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

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

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with other local practices to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Records we reviewed demonstrated that staff followed the provider's complaint policy. Staff discussed outcomes 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

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development. Staff said that the practice managers were helpful and approachable. Support systems were put in place as required for staff and a workplace policy regarding staff stress was available.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. However, there was limited training information for 2 staff who were not directly employed by the practice. These staff worked at the practice on a regular basis. The practice was therefore unable to demonstrate that these staff had completed the required training.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Policies were reviewed on an annual basis. Staff received emails informing them of any changes to policies and were required to sign confirmation when they had read updates.

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.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. The NHS Friends and Family Test was available in the waiting area for patients to complete. We were informed that a separate patient satisfaction survey had been re-introduced in December 2022 and as soon as 50 responses had been received, the information would be reviewed, discussed with staff, and acted upon as necessary.

Feedback from staff was obtained 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 where appropriate.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.