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# Bhandal Dental Practice - Woodend Health Centre

## Inspection report

Woodend Health Centre  
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Date of inspection visit: 21 February 2023  
Date of publication: 14/03/2023

## Overall summary

We carried out this announced comprehensive inspection on 21 February 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 adviser.

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.

# Summary of findings

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- 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.
- There was effective leadership and a culture of continuous improvement.
- 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 has 69 practices and this report is about Bhandal Dental Practice, Woodend Health Centre.

Bhandal Dental Practice, Woodend Health Centre is in Coventry and provides NHS and private dental care and treatment for adults and children.

The dental practice is situated on the ground floor of a health centre. 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 1 dentist, 1 dental nurse, 1 receptionist and 1 practice manager. The practice has 1 treatment room.

During the inspection we spoke with the dentist, dental nurse, the receptionist and the practice manager. The Business Manager and a receptionist from another local Bhandal practice were also in attendance to assist during this inspection. We looked at the practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am until 6pm.

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

# Summary of findings

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 knew their responsibilities for safeguarding vulnerable adults and children. All staff received level 2 training in safeguarding vulnerable adults and children within the last 12 months.

The practice had infection control procedures which reflected published guidance. Staff completed infection prevention and control training on an annual basis.

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 carried out in March 2022. 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, and a healthcare waste audit had been completed in August 2021 and was due for review in August 2023.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. The landlord of the premises employed cleaning staff who cleaned areas such as the waiting room, patient toilets and reception area. The landlord held records to demonstrate these cleaning tasks were completed. Staff from within the practice completed cleaning of other areas such as the dental treatment room and decontamination room, records were available to demonstrate cleaning undertaken.

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

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

The practice had systems in place to ensure that equipment was safe to use and maintained and serviced according to manufacturers' instructions, although we identified that quarterly foil tests were not completed on the ultrasonic cleaner. The ultrasonic cleaner had received an annual service on 8 February 2023, and no issues were identified. Foil test kits had been purchased and we were assured that these tests would commence as soon as possible.

The practice had systems in place to report issues identified with facilities to the landlord of the premises. This helped to ensure that facilities were maintained in accordance with regulations. The fire door inspection and test log dated 27 January 2023 demonstrated that the fire doors within the dental practice area had not been checked, the inspection log reported some missing door seals for other areas within the health centre. Following this inspection, we received confirmation that an inspection of the fire doors within the dental practice area had been requested.

A fire risk assessment was carried out by the landlord on 17 February 2023 in line with the legal requirements. Four issues for action were identified and we were assured that action had been taken to address 3 of these issues. The fourth issue for action had been reported to the landlord and the practice were awaiting confirmation of a date for action.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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.

# Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were available for products in use.

## **Information to deliver safe care and treatment**

Patient care records we saw were complete, legible, were 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. The date of the last audit was 14 February 2023.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts. A copy of relevant safety alerts was kept on file and these were discussed with staff as appropriate.

# 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. Urgent information was shared with staff by email and during practice meetings.

### **Helping patients to live healthier lives**

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

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. Posters were on display and staff directed patients to these schemes when appropriate. Leaflets regarding oral health and dental treatments were available for patients in the waiting area. The practice could also text patients a link to oral health information provided by the Oral Health Foundation which was available in various languages.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005. 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 dental care records in line with recognised guidance.

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

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

### **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. An online dental compliance system had recently been introduced to all team members to enable them to access practice policies and continuous professional development training. Staff told us that a member of staff at head office monitored training and reminded staff when update training was due.

### **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. The practice did not have a system for review and monitoring of referrals made to Community Dental Services. However, we were told that a system would be implemented immediately.

# 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 equality and diversity training and were aware of their responsibility to respect people's diversity and human rights. Staff were observed to be friendly, caring and helpful to patients when speaking with them in person at the reception and over the telephone.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The health centre had installed closed-circuit television (CCTV), to improve security for patients and staff. Relevant policies and protocols were in place. Although we noted that there was no sign on display in the waiting area to inform patients of the use of CCTV. New signs were ordered during this inspection and we were assured that these would be displayed as soon as they were received.

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.

Staff gave patients clear information to help them make informed choices about their treatment. There were a number of advice leaflets available for various dental treatments.

The practice's website leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images. Information regarding fees was on display within the practice and available on the practice website.

The practice could send patients a text message which contained an audio link to information for patients to gain information on NHS dental charges and information regarding fee exemption.

# 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. The receptionist discussed the methods used to ensure anxious patients were put at ease. The dentist was made aware if a patient was anxious and would always try to see these patients as soon as possible after they arrived at the practice. The receptionist chatted to patients to try and make them feel relaxed.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit in February 2023 and had formulated an action plan to continually improve access for patients. The practice was located on the ground floor of a health centre with all patient areas being wheelchair accessible including patient toilets. A selection of reading glasses were available to aid patients who had visual impairments and we were told that some information could also be made available in large print. There was a hearing induction loop for use by patients who wore a hearing aid. Staff at the practice could communicate in various languages such as Punjabi, Urdu, Hindi and Gujarati. The practice also had access to translation services.

### **Timely access to services**

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

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The waiting time for a routine appointment was a few weeks. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

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. When necessary, patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. Appointment slots were kept free each day for those patients who required urgent dental treatment. Once these appointments were full, patients with a dental emergency would be offered a sit and wait appointment. When the practice was unable to offer an urgent appointment, they referred patients to another local practice within the group who provided extended opening hours including evenings and weekends. This helped 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 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**

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

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

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

Reception and nursing staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. The dentist was involved in separate clinical meetings with the registered manager.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The newly implemented dental compliance system enabled the practice manager to review training completed by staff. We were told that training was monitored by head office staff and reminders were sent when training was due.

### **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. These had been uploaded onto the practice's compliance system and were accessible to all members of staff on computer desktops throughout the practice. 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 these in protecting patients' personal information. Staff had completed training regarding general data protection regulations.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

# Are services well-led?

The practice gathered feedback from staff through meetings and informal discussions. Practice meetings were held monthly, and separate joint meetings were held quarterly with 6 other local practices. Staff told us communication systems in the practice were good and they were kept up to date with any changes. 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 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.