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# Cockrams and Bhandal

## Inspection report

Dental Suite Kingswinford Health Centre  
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### Overall summary

We carried out this announced comprehensive inspection on 26 July 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. Practice staff did not have access to cleaning logs to evidence cleaning tasks completed in line with current requirements.
- 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.

# Summary of findings

- 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 is part of a corporate group Bhandal Dental and had multiple practices. This report is about Bhandal dental practice, Kingswinford Health Centre.

Kingswinford Health Centre is in Kingswinford and provides NHS and .private dental care and treatment for adults and children.

The dental practice is located on the first floor of the health centre and there is no disabled access. Those patients who require disabled access would be referred to another local wheelchair accessible practice within the group. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 3 dentists, 4 dental nurses, 1 orthodontic therapist, 1 practice manager, 1 receptionist and 1 support staff. The practice has 3 treatment rooms.

During the inspection we spoke with 3 dentists, 1 receptionist and the practice manager. We briefly spoke with the orthodontic therapist over the telephone as she was not present during this inspection. The member of support staff and an area manager from the Bhandal group was also present and assisted during this inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 6pm.

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

- Implement systems for monitoring environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

# 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. We saw that staff had completed training to a level appropriate for their role. Information and guidance on how to raise a safeguarding alert was displayed within the practice and staff understood the safeguarding procedures in place.

The practice had infection control procedures which reflected published guidance. Six-monthly infection prevention and control audits were completed, and staff completed training at least annually.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The landlord of the building commissioned a legionella risk assessment. An external professional also undertook a legionella risk assessment specifically for the dental practice in December 2022. The practice had actioned all recommendations from the risk assessment.

Collection of clinical waste, segregation and storage was part of the rental agreement with the landlord of the premises. We were told that waste was stored behind locked wooden gates, however on the day of inspection we noted that the gates were not locked. The provider was unable to assure us that waste (including clinical waste) was segregated and stored appropriately.

Practice staff completed the daily cleaning of the dental treatment rooms, all other areas were cleaned by external staff as part of the rental agreement. We were not able to review cleaning schedules, it was therefore difficult for practice staff to provide assurances that cleaning was completed using the correct colour coded equipment at the required frequency. We were told that spot checks were completed by staff at the practice and any issues identified regarding cleaning were reported to the landlord. We were also told that cleaning staff were responsive when any immediate cleaning was required, for example due to a spill.

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.

All fire safety tests and checks were completed by staff from within the health centre and logs kept. On the day of inspection, we were provided with some fire safety information such as a record of weekly fire alarm tests, fire extinguisher and fire alarm maintenance. We were not provided with any information regarding staff fire drills, monthly fire extinguisher, emergency lighting checks or of any up-to-date fire logbook. We were shown evidence to demonstrate that fire procedures were discussed during practice meetings.

We saw that a separate fire risk assessment had been commissioned by the dental practice on 2 March 2023. Issues for action related to information regarding emergency lighting and the 5-year fixed wiring check (which is due in 2023). We were assured that the fixed wiring check had been booked. We were not shown any information regarding emergency lighting.

Staff completed fire marshal training annually.

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

# Are services safe?

## **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.

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. Scenario training was completed during practice meetings. We saw evidence to demonstrate that a medical emergency scenario and role play took place during the May 2023 meeting.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Risk assessments and safety data sheets were available for all products 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**

Antimicrobial prescribing audits were carried out. The last audit was completed in June/July 2023.

## **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. Safety alerts were discussed during practice meetings.

# 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**

An orthodontic therapist worked at the practice for half a day each week. The therapist could carry out Index of Orthodontic Treatment Need (IOTN) screening direct to patients. The rest of their work was carried out on prescription from Mr Bhandal who is an orthodontist.

The practice had systems to keep dental professionals up to date with current evidence-based practice. This included monthly practice meetings and disseminating urgent information by email or staff social media group.

Comments received from patients in satisfaction surveys and online feedback reflected satisfaction with the quality of their dental treatment and the staff who delivered it.

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

The practice provided preventive care and supported patients to ensure better oral health. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of tobacco and alcohol consumption. Free samples of toothpaste were available to be given to patients upon the dentist's recommendation.

Dentists gave patients information regarding the risks of smoking on oral health. The GP practice within the health centre would be contacted to provide information for local smoking cessation services for patients if requested.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Dentists spoken to understood their responsibilities under the Mental Capacity Act 2005. Consent policies gave information regarding mental capacity and Gillick Competence (Gillick competence is the principle used to judge capacity in children to consent to medical treatment). 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. However, not all records demonstrated that basic periodontal examination screening results were recorded for children. Risk assessments had not been recorded regarding tooth wear, periodontal disease, oral cancer and caries. Following this inspection, we were sent evidence to demonstrate continuous professional development training regarding Clinical Record Keeping had been completed.

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. Staff had completed training regarding autism and learning disability awareness and mental health awareness. The practice had implemented the Alzheimer's Society's Dementia Friends programme and had a dedicated dementia champion who had links with the society. The Alzheimer's Society's Dementia Friends programme is an initiative to change people's perceptions of dementia. The Alzheimer's Society give advice regarding support available and actions to take to help people affected by dementia. The practice manager had developed a booklet for staff regarding autism awareness in a dental practice.

# Are services effective?

(for example, treatment is effective)

We saw evidence the dentists justified, graded and reported on the radiographs they took, although it was noted that the dentists were not using the new style grading system. The practice carried out radiography audits six-monthly following current guidance. Following this inspection, we were sent evidence to demonstrate that a meeting had been held and dentists had discussed the two-point quality rating scale which is recommended for dental radiography.

## **Effective staffing**

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

Newly appointed staff had a structured induction. A staff handbook had been developed to be used during induction training. Induction training information was also provided to trainee nurses by the training provider.

Clinical staff completed continuing professional development required for their registration with the General Dental Council. The company provided a wealth of in-house training for staff to complete, and staff had access to online training providers.

## **Co-ordinating care and treatment**

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

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

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights. The receptionist was observed to be kind, friendly and helpful to patients over the telephone and in person at the practice.

On the day of inspection, we reviewed feedback from the recent patient satisfaction survey. Patients responded positively to questions asked, comments recorded included "staff were very reassuring and the dentist very gentle." An audit of the survey had been completed. The results of satisfaction surveys were forwarded to the head office who monitored for any trends and these were also discussed with staff during practice meetings.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Staff gave examples of how they maintained patient's privacy and confidentiality such as use of private areas for confidential discussions.

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 NHS fees was on display within the practice and available on the practice website.

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models and X-ray images.



# 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. Patients who were anxious could be booked in for a chat with the dentist and to have a look around the practice. Staff would notify the dentist if a patient were anxious. Patients could also have appointments booked at quieter times of the day so that they would not have to wait to see the dentist. Staff told us that they would chat to patients to make them feel at ease. Patients could be referred for sedation if they were extremely nervous.

The practice was located on the first floor of a health centre and there was no disabled access or disabled toilet facilities. Patients who required disabled access would be referred to another local Bhandal practice which had wheelchair accessible facilities.

The practice had made reasonable adjustments, including a hearing induction loop for use by patients who wore a hearing aid. The practice also had access to interpretation services which included British Sign Language. Written information was available in a range of languages and formats. There was a list of other practices within the Bhandal group with details of languages other than English spoken by staff to aid with translation should translation services not be available. 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 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 results of satisfaction surveys demonstrated that patients had enough time during their appointment and did not feel rushed.

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.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with a dental emergency were triaged by the reception and if necessary, a dentist. Patients were offered a 'sit and wait' appointment as required. When the practice was unable to offer an urgent appointment, they referred patients to another local practice within the Bhandal group. 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. Staff discussed outcomes to share learning and improve the service.

Records showed the practice had received 1 complaint within the past 12 months. We noted this

was responded to in a timely manner and following the providers complaints policy. The provider reviewed complaints annually for themes and learning opportunities.

# 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. We received positive comments from the staff about support systems and the management team.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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 that they felt respected, supported and valued and said that this was a lovely place to work with a strong team working ethos.

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.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **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.

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. Systems were in place to ensure information was shared quickly and efficiently. Staff told us communication systems in the practice were good and they were kept up to date with any changes.

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. Patients were able to complete the NHS 'Friends and Family Test.' The practice also conducted a patient satisfaction survey. The results of the June 2023 survey showed positive feedback from patients. Satisfaction survey results were discussed with staff during practice meetings.

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. 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.