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Bhandal Dental Practice - 6 High Street

Inspection report

6 High Street
Lye
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Overall summary

We carried out this announced comprehensive inspection on 23 May 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.
- 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.

Summary of findings

- 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 is part of a corporate group (Bhandal Dental Practices) and has multiple practices, and this report is about 6 High Street, Lye.

6 High Street is in Lye, Stourbridge and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice and internally a small step to gain access to the toilet and one treatment room. A public car park is available within a short walk of the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 3 dental nurses, including 2 trainee dental nurses, 1 practice manager and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dental nurses, 1 receptionist and the practice manager. A compliance lead from Bhandal was also in attendance to provide support. The dentist, who works part time at the practice, was not present 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 and is closed for 1 hour each day between the hours of 1pm to 2pm.

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 knew their responsibilities for safeguarding vulnerable adults and children. Staff felt confident to report concerns and had completed safeguarding training to an appropriate level. Information on how to report safeguarding concerns was readily available to staff throughout the practice. The dentist was the named safeguarding lead and staff said that they would speak with the dentist or the practice manager if they had any safeguarding concerns.

The practice had infection control procedures which reflected published guidance. Infection prevention and control audits were completed every 6 months. Staff completed regular infection control training and infection control was a regular topic of discussion during monthly practice meetings.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment completed in November 2022. Hot and cold water temperatures were monitored and logged and temperatures recorded were within the required temperature range.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We reviewed a sample of staff recruitment records and found that all of the required checks were carried out including evidence of conduct in previous employment, disclosure and barring service checks and proof of identity.

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. Gas safety and electrical fixed wiring checks had been completed as appropriate.

A fire safety risk assessment was carried out in line with the legal requirements. An action plan was available which demonstrated that actions had been taken to address issues identified. The management of fire safety was effective. Fire safety equipment was regularly serviced and maintained. Staff completed fire training and regular fire drills were undertaken.

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. All staff had completed training in sepsis awareness and information posters were on display to help staff recognise signs of sepsis and take appropriate action.

Emergency equipment and medicines were available and checked in accordance with national guidance. Eye wash was not available within the emergency medical kit; however, this was purchased immediately during the inspection.

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

Are services safe?

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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. We discussed the safe storage and handling of prescriptions. We noted that there was no log detailing all prescriptions available on the premises. A log was kept when a prescription had been used. This log was kept with the prescription pads which were securely stored. There was no audit trail of prescriptions received at the practice and those used. We were assured that this would be addressed immediately.

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. Alerts received were discussed with staff during monthly practice meetings. A file of information was kept demonstrating any necessary action taken.

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 including regular practice meetings, management meetings and email updates.

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 for patients in the waiting room.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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. Staff completed Mental Capacity Act training. Consent policies gave information regarding mental capacity and Gillick Competence.

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. Although the dentist was using an out-of-date template to record information. Following this inspection, we were told that the new template was implemented immediately and would be used going forward.

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. The practice had posters on display stating that they were a "dementia friend" (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) with a member of staff from head office being a dementia champion who had links with the Alzheimer's society.

Staff had completed training regarding autism and learning disability awareness and the practice manager had developed an information/training book which was discussed during practice meetings.

We saw evidence the dentists justified, graded and reported on the radiographs they took, although X-rays were still being graded under the old number system and not the new grading format. 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. 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.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

Staff confirmed the dentist 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.

There were no patients in the practice on the day of inspection. We reviewed feedback from patients recorded in patient satisfaction surveys and on the friends and family test and noted that positive feedback had been received at the practice. The practice monitored patient feedback and took action to address any comments or suggestions made where appropriate.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The waiting area was close to the reception desk. Reception staff gave examples of how they maintained patient's privacy and confidentiality such as the use of private areas for confidential discussions or writing down confidential information if the waiting area was busy.

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.

We were told about the methods 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 as far as they were able.

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 anxious patients would be seen as soon as possible upon entering the practice. Records would contain any specific information regarding patient likes and dislikes. Information would be sought from the parents of autistic children to find out if there were any issues that needed to be addressed or taken into consideration to help ensure that the appointment was less stressful for the child.

The practice had made reasonable adjustments, including a hearing induction loop, access to translation services including British sign language and written information available in a range of formats. The practice also had a list of other practices within the 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 and patient information leaflet.

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 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. Staff took part in an emergency on-call arrangement with another local practice 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 offered patients urgent appointments at other practices within the Bhandal group 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. Complaint information would be sent to the complaints manager at head office who monitored for trends and provided support to the practice as necessary. Complaints would be discussed during the monthly manager's meeting and learning from complaints shared companywide. The practice had not received any formal complaints within the last 12 months.

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.

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 they felt respected, supported and valued. They were proud to work in the practice. The practice manager arranged staff social events a few times per year and staff said that these were always enjoyable. Staff participated in a lot of charity events with a "Walk N Talk for Mental Health" charity event organised for the near future.

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 had access to in-house, face to face and on-line training. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The education provider for trainee nurses had trained some qualified dental nurses at Bhandal Dental Practices to train trainee nurses. The education provider was still involved at the practice completing observations and provided an annual development plan and other ongoing 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.

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 practice conducted satisfaction surveys 6 monthly. The results of a survey conducted in 2022 showed positive feedback.

Are services well-led?

Feedback from staff was obtained through meetings and informal discussions. A topic was picked each month for discussion during the practice meeting, staff were given topic information to review before the meeting. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and 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.