

Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal

Bhandal Dental Practice - 404 Sandon Road

Inspection report

404 Sandon Road
Meir Heath, Stoke-on-trent
ST3 7LH
Tel: 01782388373
www.bhandaldentalpractices.co.uk

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Overall summary

We carried out this announced focused inspection on 4 July 2022 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly 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 help them manage risk to patients and staff.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

The provider has 69 practices and this report is about 404 Sandon Road.

Bhandal Dental Practice 404 Sandon Road is in Meir Heath, Staffordshire and provides mainly NHS and some private dental care and treatment for adults and children.

There is level 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 some adjustments to support patients with additional needs.

The dental team includes three dentists, nine dental nurses, (including three trainee dental nurses), two receptionists and a practice manager. The practice has four treatment rooms (one of which is currently not in use).

During the inspection we spoke with three dentists, two dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8.15am to 1.15pm and 1.45pm to 5.30pm.

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases and complete a risk assessment, taking appropriate action where immunity status cannot be obtained.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	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 completed safeguarding training to an appropriate level and safeguarding was discussed during practice meetings. Safeguarding information was on display for staff to review.

The practice had infection control procedures which reflected published guidance. Infection prevention and control audits were completed quarterly and there were no issues for action identified in the last audit. Staff completed infection prevention and control training at least annually. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Logs were kept demonstrating that hot and cold water temperatures were checked. Records demonstrated that the hot water was below the required minimum temperature. The boiler was adjusted during the inspection to increase hot water temperatures.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. The registered manager audited cleaning logs to ensure that these were being up to date and completed spot checks to ensure the practice was visibly clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Criminal records checks were completed upon employment and staff signed an annual criminal records check declaration. Staff had received hepatitis B vaccinations. Where there were no blood test results to demonstrate immunity levels or when a staff member was a non-responder to the Hepatitis B vaccination, the practice had not completed a risk assessment. We were assured that these would be completed as required for staff.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. Support was provided from head office regarding equipment and facilities maintenance. Staff told us that they received a very prompt service when issues were reported regarding faulty equipment.

A fire risk assessment was carried out in line with the legal requirements. Issues for action were identified and there was no evidence to demonstrate that some of these issues had been addressed. We were told that the external company was visiting the practice again in August to complete a further risk assessment. Staff at head office were aware of the findings of the original fire risk assessment. The practice did not have a fire alarm or emergency lighting. We were told that a torch was available, and that staff sounded the alarm with the use of a claxon. Records were available to demonstrate that fire drills were completed twice per year, fire extinguishers were serviced, and staff had received fire safety training.

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

Are services safe?

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. A number of other relevant risk assessments had been completed and were reviewed and updated on at least an annual basis.

Emergency equipment and medicines were available and checked in accordance with national guidance. Daily checks were completed although the log did not specify the name of each emergency medicine available. Following this inspection, we were sent an amended log which recorded each emergency medicine. Staff were required to record the temperature of the room to ensure these medicines were stored in line with manufacturers requirements. One medicine used to treat low blood sugar was not being stored in the fridge, and the expiry date recorded on the product had not been reduced to ensure it was effective. The correct expiry date was recorded on the medicines check log. To avoid confusion, we were assured that the expiry date on the medication would be amended.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Due to the Covid 19 pandemic staff had completed in-house life support training in 2020 and on-line training in 2021. We were told that face to face training was being booked for 2022 and that scenario training would be completed with staff within the next few days.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. These were kept in a folder with material safety data sheets for each hazardous product in use at the practice. Staff signed documentation to confirm that they were aware of the location and the information included in this folder.

Information to deliver safe care and treatment

Dental 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.

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. Evidence was available to demonstrate action taken in response to relevant 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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Information for patients was on display on the practice noticeboard and in the patient information folder.

Staff were aware of and previously involved with national oral health campaigns. Staff gave out information and leaflets regarding 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.

Staff had completed training regarding Mental Capacity and understood their responsibilities under the Mental Capacity Act 2005.

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 dental care records in line with recognised guidance. However, risk assessments had not always been completed regarding caries, periodontal disease, oral cancer or tooth wear. We were assured that a template would be put in place immediately to include these risk assessments.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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 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.

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 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 well together.

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

The practice 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 and said that they wouldn't want to work anywhere else.

Staff discussed their training needs during annual appraisals. 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 system of clinical governance in place 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 these in protecting patients' personal information.

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. Prior to the Covid 19 pandemic 96% of respondents (March 2020) were extremely likely or likely to recommend the practice. The practice had re-introduced the Friends and Family Test recently and feedback seen for June 2022 was positive.

The practice had also sent out a domestic violence questionnaire and responses received had assisted the practice in referring two patients for further support with external agencies.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice was also a member of a good practice certification scheme.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.