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Bhandal Dental Practice - 1-3 Wallsall Road

Inspection report

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Date of inspection visit: 15 November 2022
Date of publication: 15/12/2022

Overall summary

We carried out this announced comprehensive inspection on 15 November 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 always ask the following five 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 was visibly clean and well-maintained.

Summary of findings

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. One item of life-saving equipment was missing on the day of inspection, this was ordered and available at the practice within 24 hours.
- 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.
- 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.
- 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 Bhandal Dental Practice, 1- 3 Walsall Road.

Bhandal Dental Practice 1- 3 Walsall Road is in Darlaston, West Midlands and provides NHS and 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 reasonable adjustments to support patients with additional needs.

The dental team includes 2 dentists, 4 dental nurses and a practice manager. All dental nurses are trained to also work on the reception as required. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, (including 1 nurse who was providing support to this practice during the inspection), 1 receptionist and the area manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Thursday from 9am to 6pm, Tuesday and Friday from 9am to 6pm and Saturday from 9am to 1pm. The practice is closed at lunchtime each day between 1pm to 2pm.

The practice had taken steps to improve environmental sustainability. For example, staff are encouraged to recycle wherever possible. The practice uses motion sensitive lighting, this helps to ensure that lighting is only used when the room is occupied.

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

- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded. Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 had completed training to the required level and safeguarding was discussed regularly during practice meetings. Staff had downloaded the safeguarding application on to their phone to give them up to date safeguarding information and local contact details to report suspicion of abuse.

The practice had infection control procedures which reflected published guidance. 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. Monthly hot and cold water temperature checks were completed and logged. Those seen were within the required temperature ranges.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Waste pre-acceptance audits, contracts and consignment notices were available, and waste was securely stored. Clinical waste was stored in locked bins.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. Staff from within the practice undertook environmental cleaning. We noted that the cleaning log had been completed in such a way that it did not clearly record tasks undertaken. We were assured that this would be discussed with staff and the logs completed fully going forward.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Human resources staff at head office monitored to ensure that all required pre-employment information was available and could provide other support regarding recruitment as required. Records that we reviewed demonstrated that appropriate information was available 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. Equipment maintenance logs helped to ensure that equipment was serviced within the required timescale. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Evidence was available to demonstrate that issues identified in the fire risk assessment had been addressed. Staff had completed fire marshal training. Certificates were available to demonstrate that fire safety equipment had been serviced and maintained.

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?

One item of emergency equipment was not available on the day of inspection. A child sized oxygen mask with reservoir and tubing was missing, we were assured that this would be ordered immediately. Within 24 hours of this inspection we were sent evidence to demonstrate that this equipment was available at the practice. Medicines were available and checked in accordance with national guidance. One medicine to be used in a medical emergency was stored in the fridge and fridge temperatures were checked on a daily basis.

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 each product in use.

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 annually.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The form used to record significant events and accidents did not have a dedicated space for staff to record the date of the incident, the name of the person completing the form, or any follow up action. We were assured that this form would be amended to include these details in future. 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 regular information updates in emails and practice meetings. We saw clinicians assessed patients' needs in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Information leaflets were available to patients as recommended by the dentist or upon request.

Staff were aware of and involved with national oral health campaigns for example, National Smile Month and Mouth Cancer Action Month. The practice was aware of 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 understood their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients. Policies seen contained information regarding capacity and Gillick competency. Staff had completed training regarding the Mental Capacity Act and Mental Health.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits, however, there was no evidence that one dentist had carried out this audit six-monthly as recommended in 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. Staff from head office oversaw induction processes to ensure staff received the required training and support. 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 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.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff had completed training courses regarding learning disability and autism awareness.

Staff gave examples of how they had supported patients. We saw that staff treated patients respectfully and were friendly towards them.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Staff told us how they ensured that confidentiality was maintained at all times.

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.

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

The practice's website and information 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 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. Dentists were made aware if a patient was anxious. A member of reception staff told us that they took their time to chat to anxious patients to try and make them feel at ease. We were told that a lot of patients had visited the practice for many years and staff knew them well which helped create a relaxed atmosphere.

The practice had made reasonable adjustments for patients with disabilities. This included an accessible toilet, ground floor waiting room and ground floor treatment room. There was a hearing induction loop to assist those patients with hearing aids. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. We were told that the wait for routine appointments was approximately 1 week.

The practice had an appointment system to respond to patients' needs. Patients requiring urgent dental care would be seen within 24 hours of contacting the practice.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff told us that they tried to resolve any informal complaints immediately. Patients were referred to the company's complaint lead who was based at head office. Learning from complaints received at any practice within the group was discussed with staff to share learning and improve the service. 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 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 so 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

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.

Staff discussed their training needs during annual appraisals and monthly one to one 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. Staff from head office also monitored training to ensure staff were up to date.

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. Staff had access to all information on the computer desktop and in paper format.

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. The friends and family test was available for patients to complete. We also saw evidence to demonstrate that a satisfaction survey had been completed in July 2022 with a large majority of positive feedback received.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, continuous improvement and innovation. This included regular meetings and updates. Learning was shared across all practices within the group.

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. The dental care record audit for 1 dentist was dated incorrectly and there was no evidence that the radiography audit had been completed six-monthly.