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# The Briars Dental Practice

## Inspection Report

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### Overall summary

We carried out a comprehensive inspection at this practice on 21 August 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

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

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

##### **Background**

The Briars Dental Practice is in Dudley and provides NHS treatment to patients of all ages.

Access to the front of the building is via a few steps. We were told that staff provide assistance to people with mobility difficulties and those who attend with small children in pushchairs. Eight car parking spaces are available at the practice. Some unrestricted on street parking is also available within a short walk of the practice.

# Summary of findings

The dental team includes five dentists, four dental nurses, one orthodontic therapist and two receptionists. The practice has three treatment rooms, two of which are on the ground floor and one on the first floor. There is a reception and waiting room on the ground floor.

The practice is owned by a partner and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The registered manager at The Briars Dental Practice is one of the partners and was not present during this inspection visit.

On the day of inspection we collected 48 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, one dental nurse, two receptionists and two members of staff from head office. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.30am to 5pm on Wednesdays, 8.30am to 5.30pm on Monday, Tuesday, Thursday and Friday and 9am to 1pm on Saturday.

## **Our key findings were:**

- The practice was clean and well maintained.

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines were available which were checked on a regular basis.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

Review their responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

# 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?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, kind and caring. They said that they were given detailed, helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



### Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice had made some adjustments to accommodate patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services, but did not have arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff we spoke with knew about these policies and procedures and understood their role in the process. Other guidance documents were also available to staff on each computer desktop at the practice.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. These were discussed with staff during practice meetings.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were forwarded to staff via email, acted on and copies of the emails were stored for future reference. The practice had a log of alerts which also recorded details of any action taken.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures and other guidance documents to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had completed safeguarding training. Staff we spoke with confirmed that they had completed on-line safeguard training and had easy access to flow charts, guidance documents and contact details in order to report suspected abuse.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how they would deal with events which could disrupt the normal running of the practice. Separate contingency plans were available regarding, for example, loss of equipment, telephones or staff absence due to sickness. Separate business interruption event logs were available for completion as necessary.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Role play training scenarios also took place on a monthly basis. These helped to prepare staff should a medical emergency occur.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their daily checks completed to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice followed their recruitment procedure. We saw that DBS checks had been completed on all staff. To ensure these were up to date, staff signed an annual declaration which confirmed that nothing had changed on their DBS certificate.

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

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

We were shown the practice's fire safety checks. We asked for but were not provided with evidence to demonstrate that smoke alarms were checked or maintained to ensure that they were in good working order. Following this



## Are services safe?

inspection we received evidence demonstrating that smoke alarms were being checked on a monthly basis and we were told that additional smoke alarms were being fitted throughout the practice.

A dental nurse worked with the dentists when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. These were easily accessible to all staff on each computer desktop at the practice. Staff completed infection prevention and control training every year. Staff were aware who to speak with at the practice for advice regarding infection prevention and control.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Legionella risk assessments were carried out at the practice every two years by external professionals.

We saw cleaning schedules for the premises. The practice was cleaned on a daily basis by an external cleaning company and was clean when we inspected.

We reviewed the information held by the practice regarding the immune status of staff for Hepatitis B. We found that in some cases, although there was evidence of vaccinations to the members of staff, there was no evidence on record that the staff members were immune to Hepatitis B and the risk to staff and patients had not been assessed and adequately mitigated. Following this inspection we were told that the practice would ensure that this information was available for all future staff.

### Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. Stock control systems were in place to ensure sufficient amounts of stock were available and out of date stock removed.

The practice stored and kept records of NHS prescriptions as described in current guidance.

### Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out ongoing X-ray audits following current guidance and legislation. We saw that where an issue was identified, corrective action was taken and a re-audit completed which identified improvements. Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance using the basic periodontal examination screening tool. Details of discussions held and advice given to patients regarding dental health were recorded in dental care records.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. We saw evidence that staff had completed training regarding the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. Patients' dental care records confirmed this. Oral health promotion leaflets were provided in the waiting area to help patients with their dental care. Information could be provided in several languages other than English, for example Arabic.

Free samples of toothpaste were available in dental treatment rooms and the practice had a selection of dental products for sale.

Staff from the practice had visited several local primary schools to provide 45 minute oral health education sessions to children.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Staff told us that the induction was thorough and provided them with sufficient

information. Staff had signed to confirm that they had read the staff handbook. We were told that the practice was very supportive of staff whilst they were completing their induction and advice could always be sought from head office who were also extremely supportive. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed their training needs at annual appraisals. We saw evidence of completed appraisals and saw that staff had completed annual objectives and personal development plans. Monthly supervision took place for new staff until they had worked at the practice for one year. We saw evidence of this and that appraisal meetings had been booked for these staff.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients were given a written treatment plan which they signed. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Evidence was available to demonstrate that staff had completed training regarding the Mental Capacity Act. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.





## Are services caring?

### Our findings

#### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional, friendly and efficient. We saw that staff treated patients respectfully and were friendly towards them at the reception desk and over the telephone.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area did not provide privacy when reception staff were speaking with patients. However staff were aware of the action to take to try and maintain privacy. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. We saw staff had recently completed information governance training which included information about keeping personal information secure. The practice also had various policies and procedures regarding this which were easily accessible for staff.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment rooms and waiting areas. This helped to distract anxious patients.

#### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. To help patients in the decision making process, a patient information leaflets were also available regarding a range of treatments.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Patients' dental care records demonstrated the dentists recorded the information they had provided to patients regarding any treatment options discussed.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

Patients told us that staff were kind and helpful when they were in pain, distress or discomfort.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. We were told that patients had enough time during their appointment and were not rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Pop up notes on patient records alerted staff to patients who might be anxious and required an appointment at a specific time so as to avoid a busy waiting room or a wait to see the dentist.

### Promoting equality

The practice made some adjustments for patients with disabilities. This included an accessible toilet with hand rails and a call bell. The practice did not have a hearing loop or magnifying glass but staff said that when required they would help patients fill out forms. There were a few steps at the front of the building and staff said that they always helped people with mobility difficulties to gain access to the practice.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services.

### Access to the service

The practice displayed its opening hours in the premises.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and they took part in an emergency on-call arrangement with other local Bhandal practices. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. A copy of the complaints policy was available to patients in the waiting area and was also available on the computer desktop in various languages such as Polish, Hindi, Arabic and Hungarian.

Details of complaints received would be forwarded to the complaints manager based at head office who was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

Reception staff told us they aimed to settle complaints in-house and invited patients to speak with the complaints manager in person to discuss these. A copy of the complaint procedure was always given to patients who wished to complain. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. Dentists were responsible for the day to day running of the practice and support was provided by the registered manager and head office staff. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Staff had access to these documents on all of the practice's computer desktops. We saw policies and procedures were reviewed on an annual basis. Arrangements were in place to monitor the quality of the service and make improvements. Audits were completed on a regular basis and actions taken as required.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice had a duty of candour policy and a separate 'being open' policy for staff to review as required.

Staff told us there was an open, no blame culture at the practice. They said they were encouraged to raise any issues and felt confident they could do this. Staff were aware of the whistle blowing procedure and confirmed they would not hesitate to blow the whistle on poor practice. They knew who to raise any issues with and told us that staff at the practice and at head office were approachable, would listen to their concerns and act appropriately. Concerns were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. The practice kept a register which recorded the names of staff who were present at each meeting. Staff told us that

where they were unable to attend the meeting they received a briefing so that they were aware of what had been discussed. Memos were sent to staff to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, hand hygiene, waiting times and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

Discussions regarding any issues for action were held with staff during practice meetings. Patient complaints were also discussed during these meetings to help staff learn and improve.

The practice showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We saw staff had set objectives and personal development plans. Staff told us that they received support to enable them to meet their objectives.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. We also saw that staff had completed other training such as Information Governance, Mental Capacity Act and Radiography. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We were shown the results of the February 2017 satisfaction survey. We saw the information from the satisfaction survey had been correlated, reviewed and action taken as required. For example some patients had commented that they were not satisfied with the opening hours. The practice took action and is now open on a Saturday from 9am to 1pm. We saw that generally positive feedback was received.



## Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Staff at head office recorded and monitored results received. We saw FFT feedback for April 2017 in

which positive responses were recorded. The NHS Choices website also records FFT feedback, in June 2017, 100% of people who responded to the FFT would recommend this practice (15 responses).