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# Bhandal Dental Practice - Ombersley Road Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 12 July 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.

# Summary of findings

## Background

Bhandal Dental Practice – Ombersley Road is in Worcester and provides predominantly NHS treatment with some private treatment options to patients of all ages.

The practice is accessed via a ramp giving access to the ground floor for patients who use wheelchairs and pushchairs. The building is split over three storeys. The ground floor of the practice consists of a reception area, a waiting room, and one dental treatment room. On the first floor there is a decontamination room for the cleaning, sterilising and packing of dental instruments, two dental treatment rooms and toilet facilities. In the basement there is a staff kitchen. There are no car parking spaces directly outside the building however parking on local streets is permitted. This practice is in a group with over 40 other midlands based practices where patients can be seen if they require disabled access and facilities that are not available at this practice.

The dental team includes three dentists, four qualified dental nurses, two trainee dental nurses, one receptionist and a practice manager. The dental team are further supported by a dedicated team based in their Head Office in Cradley Heath. The practice has three treatment rooms.

The practice is owned by a partnership 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. At the time of the inspection the practice did not have a registered manager in post as the provider was submitting an application to register the practice manager.

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

During the inspection we spoke with one dentist, one qualified dental nurse, one trainee dental nurse, one receptionist, the clinical governance manager for the business 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 Thursday – 9am to 6pm

Friday – 9am to 5.30pm

Saturday – 9am to 12.30pm

## Our key findings were:

- The practice was clean and well maintained.
- The practice had well organised systems to assess and manage infection prevention and control which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures to help them ensure the suitability of staff they employed.
- 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 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.

# 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 incidents and complaints to help them improve, which were handled and monitored by their Head Office to ensure continuity across the group.

Staff received training in safeguarding, two of the dentists were trained to level three all other staff were trained to level two. Contact information for local safeguarding professionals and relevant policies and procedures were readily available for staff to refer to if required. Staff 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 mostly 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 first class. 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 caring, helpful and polite. They said that they were given clear 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



# Summary of findings

## Are services responsive to people's needs?

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

The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access treatment and urgent and emergency care when required.

Staff considered patients' different needs. This included providing some facilities for disabled patients and families with children. The practice had access to telephone interpreter services and several translation services were available through multi lingual staff within the group. The practice had 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.

No action



## 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. These were handled and monitored by their Head Office to ensure continuity and learning across the group. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) from the clinical governance manager. Relevant alerts were discussed with staff, acted on and stored for future reference.

### 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 to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training; all staff were trained to level two in child protection, with the exception of the safeguarding lead and one other dentist who were trained to level three. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy.

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 the practice would deal events which could disrupt the normal running of the practice. Copies of these were held in the practice and at Head Office.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks 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 six staff recruitment files. These showed the practice followed their recruitment procedure.

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 had a comprehensive health and safety policy and risk assessment which addressed numerous general and dentistry related health and safety topics.

The practice had a fire risk assessment which was reviewed in May 2017; actions carried out as a result were discussed with staff at a practice meeting in June 2017. Staff last took part in a fire drill in June 2017 and carried out routine checks of the various fire safety precautions. Arrangements were in place with a specialist company for the maintenance and servicing of fire safety equipment.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. A dental nurse worked with the dentists when they treated patients.

The practice had detailed information about the control of substances hazardous to health (COSHH).

### 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. Staff completed infection prevention and control training every year.

## Are services safe?

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 undertaken in May 2017 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, however hot tap temperatures recorded did not meet those stipulated on the legionella risk assessment. This was due to a surgery refurbishment taking place after the risk assessment rendering the risk assessment invalid for the new processes in place. Following our visit we received documentation from a competent person which evidenced that the practice was correctly minimising the risk.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The

practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

### **Equipment and medicines**

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

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 X-ray audits every year following current guidance and legislation.

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 dentist we spoke with described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

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

### Health promotion & prevention

The dentist were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The dentist provided verbal advice and dental information leaflets to patients about oral health, stopping smoking and sensible alcohol consumption. A range of dental care products were available for patients to buy.

The dentist 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 children based on an assessment of the risk of tooth decay for each child.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for all staff members.

### 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.

The practice did not routinely ask patients if they wanted a copy of their referral letter.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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. 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.

We gathered patients' views from 48 completed Care Quality Commission comment cards. We also saw the results of the practice's in house patient survey which captured very positive views from all 25 respondents. The information from all these sources was consistently complimentary about the dentists and other members of the practice team.

Patients commented positively that staff were caring, helpful and polite. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. 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.

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

The practice provided drinking water and patient information leaflets in the waiting room.

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

The practice gave patients clear information to help them make informed choices. Many of the patients whose feedback we looked at confirmed that they received good information and guidance about their treatment options and that their dentists explained these clearly. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease. More complex treatments such as sedation and implants were available at other practices within the group.

Each treatment room had a large screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

# 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. Patients told us they had enough time during their appointment and did not feel 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. Staff would communicate with some patients through writing notes and a ground floor treatment room was available for patients with limited mobility.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The receptionist always arranged for this patient to sit with her in reception rather than the waiting room.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included ramp access to the front door, a ground floor treatment room, and hand rails at the top of the stairs.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to telephone interpreter services and several translation services were available through multi lingual staff within the group. Medical history forms, complaint forms and several other documents were available in different languages and this was detailed in alternate languages in the waiting room.

The practice had access to a staff member in the group who could provide British Sign Language. Braille and large print documents were available from Head office.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

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. The 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. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. A complaints manager based in the Head Office was responsible for dealing with these. Staff told us they would tell the complaints manager about any formal or informal comments or concerns straight away so patients received a quick response.

Information was available on the practice website, information leaflet and in the practice 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 past 12 months. These showed the complaints manager 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 partners and clinical governance manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. 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. These included arrangements to monitor the quality of the service and make improvements.

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.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns 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. All staff received monthly one to one meetings and immediate discussions were arranged 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 and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The staff we spoke with said that the partners showed a commitment to learning and improvement. The whole staff team had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. 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, verbal comments, appraisals and one to one meetings to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example; the practice had opened on Saturdays as a result of patient feedback.

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. The most recent results collated in May 2017 showed that 100% of the 18 respondents were likely or extremely likely to recommend this practice to friends and family.