Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal

Bhandal Dental Practice - 12 Curdale Road

Inspection Report

12 Curdale Road
Bartley Green
Birmingham
West Midlands
B32 4HB
Tel: 0121 475 3144
Website:

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Overall summary

We carried out this announced inspection on 23 May 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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, 12 Curdale Road is in Bartley Green, Birmingham and provides NHS treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. On street car parking is available on the roads outside and near the practice.

The dental team includes four dentists, one qualified and one trainee dental nurse and one receptionist. The practice has two 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. The registered manager at 12 Curdale Road was present during this inspection. They do not work at this practice on a full time basis.

On the day of inspection we collected three CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse and the receptionist. The registered manager and the clinical governance manager were also present during this inspection to provide support to staff if required. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am to 6pm and is closed for lunch each day between 1pm and 2pm.

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 and life-saving equipment were available.
- 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.

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.

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 efficient, professional and caring. 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 four people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, kind and knowledgeable. They said that they were given detailed information about dental treatment, and said their dentist listened to them. Patients commented that they 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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services, as well as a list of staff at other Bhandal dental practices who could speak various languages and provide translation services if required. The practice had some 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.

No action

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 and all other policies and procedures were available to staff on each computer desktop. Staff were aware of the policies and understood their role in the reporting process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. Accidents and incidents were a standard agenda item to be discussed at monthly practice meetings as and when required.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). 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 and other guidance documents to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We were told that there had been no safeguarding issues to report.

The practice had a whistleblowing and a separate being open policy. Staff told us they felt confident they could raise concerns without fear of recrimination. Staff were aware that any patient safety incidents should be reported to patients in line with their being open policy.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which were reviewed every year. For example, we were shown risk assessments regarding fire, clinical waste, first aid, manual handling, trainee dental nurses and a practice risk assessment. The practice followed relevant safety laws when using needles and other sharp dental items. The practice had a safe sharps risk assessment and a sharps injury poster on display in each treatment room and the decontamination room. This poster did not contain the contact details of the local occupational health department. Staff we spoke with were aware of the location of the contact details. We were told that the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and rubber dam kits were available at the practice. However, patient dental care records that we were shown did not always record that a rubber dam had been used. We were told that this would be addressed immediately.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. Various other detailed contingency plans were also available, for example regarding the loss of equipment, the building or telephones.

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 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 four staff recruitment files. These showed the practice followed their recruitment procedure and relevant pre-employment information was available for all staff.

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.

No action

Are services safe?

A dental nurse always 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. Staff completed infection prevention and control training every year.

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. We looked at the last two audits dated June 2016 and January 2017 which demonstrated that 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. We saw that a legionella risk assessment had been completed in January 2017. Staff were checking water temperatures at the frequency identified in the legionella risk assessment. The practice's policy for the management of dental waterlines recorded the name of a different water treatment chemical. We were told that two types of water treatment were used and staff were aware of how to use each.

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

Equipment and medicines

We saw servicing documentation for the equipment used. For example, we saw that sterilising equipment was serviced in April 2017, pressure vessels in June 2016 and X-ray sets in February 2017. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. Systems were in place to ensure out of date stock was removed.

The practice stored and kept records of NHS prescriptions. We noted some changes were required to the prescription log in order to comply with current guidance. The practice's prescription log was amended as required during this inspection.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment including servicing and maintenance contracts. 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.

No action

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. Dental care records we saw showed that intra oral and extra oral examinations were carried out and the findings of the assessment and details of the treatment carried out were recorded appropriately.

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.

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 each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. Information leaflets were available for patients giving advice regarding diet and smoking cessation. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice had written to local schools and offered dental oral health education sessions. We were told that a dental pack was given to each child who attended the session. This included a toothbrush, brushing chart and oral health information. We were shown evidence of health education sessions completed during 2016 and those already booked for 2017.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Separate induction programmes were available for reception staff and dental nurses. 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.

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. A referral log was kept and the practice monitored all referrals, particularly 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. The practice had various patient information leaflets which could be given to patients to help them in their decision making process. For example leaflets were available regarding root canal treatment, gum disease, extraction advice and dentures. 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. We saw that staff had completed training regarding the Mental Capacity Act.

The policy also referred to Gillick competence and the dentist was very knowledgeable about 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.

No action

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 friendly, polite and professional. We saw that staff treated patients with dignity and respect and were caring and friendly towards patients at the reception desk and over the telephone.

Music was played in the waiting room and one treatment room. Nervous patients said staff were compassionate and understanding and felt that their needs were treated as top priority.

Staff were aware of the importance of privacy and confidentiality. 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 latest Friends and Family Test results were on display for patients to see.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Patient information leaflets were also available regarding a range of treatments to help patients in the decision making process. Patient dental care records that we saw demonstrated that the dentists recorded the information they had provided to patients regarding any treatment options discussed.

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

The website provided patients with information about the range of treatments available at all Bhandal practices. These included general dentistry, cosmetic dentistry and orthodontics. Patients were advised to contact the individual practice to find out which of these services the practice provided. Patients could visit another Bhandal practice for a specific service, for example, sedation if it was not provided at their local practice.

No action

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 no patients for whom they needed to make adjustments to enable them to receive treatment. They did tell us that staff were aware that a small few patients were anxious and found it unsettling to wait in the waiting room before an appointment. These patients were given appointments at the beginning or end of the day when the waiting room would be empty. Staff were aware of these anxious patients and made sure the dentist could see them as soon as possible after they arrived.

Staff told us that patients received text, email or letters to remind them of their appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille. Two staff at the practice were able to use basic sign language to communicate with patients. Any patient information could be provided in large print or braille.

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 and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. 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 complaints policy was available to patients in the waiting area. The complaints policy was also available on the computer desktop in various languages such as Polish, Hindi, Arabic and Hungarian.

The practice also had an information leaflet which explained how to make a complaint. The complaints manager based at 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.

The receptionist told us they aimed to settle complaints in-house and invited patients to speak with the complaints manager in person to discuss these. 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. We saw that the practice had received two complaints, detailed information was available. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

No action

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The receptionist told us that they had responsibility for the day to day running of the practice and support was also provided by the registered manager and head office staff on a regular basis. 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. All policies and procedures were available to staff on the computer desktop. Staff were able to access these in each treatment room and on the reception computer. Evidence was available to demonstrate that these policies were reviewed and updated on at least an annual basis.

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 principal dentist and registered 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 principal dentist was 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. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. We were shown the audits of dental care records dated 28 October 2016, X-rays dated 28 October 2016 and infection prevention and control dated 5 January 2017. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners and principal dentist 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, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We saw that staff had set objectives and we were told that they were being supported to meet these objectives.

The registered manager monitored staff training to ensure staff were up to date with the continuous professional development. Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. We were told that the practice provided support and encouragement for them to do so. The General Dental Council requires clinical staff to complete continuous professional development.

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

The practice used patient surveys, a comment book and verbal comments to obtain staff and patients' views about the service. Patient satisfaction surveys were given to patients on a six monthly basis; the results were audited at head office and discussed with staff at the practice. We saw that positive feedback had been received. We were told that the comments book was infrequently used by patients, but any comments recorded were discussed with staff.

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 latest results of the FFT were on display in the waiting room. We saw that patients were extremely likely to recommend the practice.