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Bhandal Dental Practice - Dosthill Valley

Inspection report

Dosthill Valley
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Overall summary

We carried out this announced comprehensive inspection on 29 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 5 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. Not all appropriate life-saving equipment was available, and some was out of date, although some had been ordered prior to this inspection and other items ordered on the day of inspection.
- 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, however 2 staff had not completed relevant update training until after this inspection.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. Although radiography audits were not available for each dentist at the practice.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has 81 practices and this report is about Dosthill Valley dental practice. Dosthill Valley dental practice is in Dosthill, Tamworth and provides NHS 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 5 dentists, 5 dental nurses (including 1 trainee), 4 receptionists and a practice manager. The practice has 7 treatment rooms.

During the inspection we spoke with 2 dentists, 4 dental nurses, 1 receptionist, the registered manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term in particular ensure better oversight of training and audits

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. Training certificates seen for two staff did not demonstrate that they had completed recent training to the required level in safeguarding adults and children. Following this inspection, we were forwarded copies of training certificates demonstrating that these staff completed this training within 48 hours of this inspection. Flow charts to support staff with reporting safeguarding including contact details for local protection agencies were displayed around the practice making it easily accessible to both staff and patients. Safeguarding was discussed during practice meetings to promote good practice and provide advice and support for staff. The practice manager was the safeguarding lead.

The practice had infection control procedures which reflected published guidance. Staff had completed infection prevention and control training on an annual basis. Additional infection control lead training has been booked by the recently appointed head nurse who is the infection control lead. 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 which was completed in November 2022. Logs were kept which demonstrated that hot and cold water temperatures were within the required temperature range.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Clinical waste was securely stored, and we saw consignment notices for waste collections.

Staff from within the practice completed environmental cleaning. Cleaning schedules seen did not demonstrate that all areas of the practice had been cleaned. We were shown new cleaning schedules that had been introduced which included all areas of the practice, for example offices, waiting room and kitchen. We were told that these laminated cleaning schedules would be completed by staff and the information uploaded for audit purposes. We saw the practice was visibly clean on the day of our visit.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. A disclosure and barring check was completed for all staff. An annual declaration was then completed to confirm that there had been no changes regarding criminal convictions. The practice did not use agency or locum staff to cover vacancies. Staff from other practices within the group would meet short term cover requirements.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. Gas and electrical safety checks had been completed as required. We saw a 2020 commissioning certificate for the air conditioning at the practice but no evidence of regular servicing or maintenance. The practice manager assured us that they had held discussions recently with a company who would be conducting the servicing and maintenance and a contract was being agreed regarding this.

A fire risk assessment was carried out in line with the legal requirements. This took place the week before this inspection and the outcome of the risk assessment had been sent to the practice the day before this inspection. The practice manager was aware of issues identified during the fire risk assessment and confirmed that action would be taken to address these issues as soon as possible. The management of fire safety was effective, servicing and maintenance records

Are services safe?

were available for fire safety equipment. We were told that checks of fire exits took place although these were not recorded. The practice manager confirmed that these would be recorded going forward. Following this inspection, we were sent a copy of the newly implemented log to demonstrate checks of fire exits. Staff had completed an annual fire drill and some staff had completed fire marshal training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice was not completing annual mechanical servicing of their X-ray equipment. There was no evidence to demonstrate that the practice was following the recommendations in the manufacturers guidance or the guidance provided by their Medical Physics Expert. Following this inspection, we were told that although this is not a mandatory check, consideration was being given to completing annual mechanical checks in line with best practice recommendations. A log had been introduced to record monthly checks and quality assurance tests.

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. Sepsis posters were on display throughout the practice and staff had completed sepsis training. Contact details for the local occupational health department were not recorded on the sharps policy on display. We were assured that the policy would be updated.

Some items of emergency medical equipment were either missing or out of date. The practice manager had completed a check and identified out of date equipment and this had been delivered to the practice but had not been made available in the medical emergency kit. Out of date items were replaced and missing items ordered during this inspection. One medicine was stored in the fridge and fridge temperatures were monitored to ensure they were stored in line with manufacturers guidance. Staff kept a daily log to ensure that emergency medicines, oxygen and the Automated external defibrillator were available and within their expiry dates. There was no documentary evidence to demonstrate that staff were following manufacturer's instructions about the use, storage, servicing and expiry of emergency equipment. There was no documentary evidence of a planned replacement programme in place for disposable equipment items that had been used or that reached their expiry date.

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 also available for each product in use. A discussion was held regarding the separating of archived information from the main folder which would give easier access to the appropriate information. We were assured that this would be addressed.

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. Although, the audit for one dentist was not dated to demonstrate when this audit was completed. Following this inspection, we were sent evidence to demonstrate the date that the audit was completed and a signed and dated copy of the audit.

Track record on safety, and lessons learned and improvements

Are services safe?

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts. The practice manager kept a copy of relevant safety alerts and these were discussed with staff as appropriate.

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 providing information in regular meetings and email updates. Our discussions with the clinicians demonstrated that they assessed patients' needs and delivered care and treatment 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. Dentists discussed the effects of smoking and alcohol on oral health with patients as appropriate and gave information to patients for support groups as required. Staff at the practice completed delivering better oral health audits.

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 Mental Capacity. Staff also completed dementia awareness training.

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.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. One dentist carried out radiography audits six-monthly following current guidance and legislation. There was no evidence of completed audits for the other dentists at the practice.

Effective staffing

There was a well-established staff group at the practice, many of whom had worked there many years. Staff told us they had enough time for their role and did not feel rushed in their work. Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction. Staff discussed their induction process and confirmed that all staff at the practice were supportive and helpful. 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 and had completed training regarding equality and diversity.

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. Confidential discussions with patients could be held if required, in a private area away from the reception and waiting room. Music played in the waiting area which helped to relax patients and disguise conversations being held at the reception desk.

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. Staff told us that they took their time when explaining information to patients and checked to ensure they understood the information given to them. Translation services were available for patients who were unable to speak or understand English and for those who communicated using sign language.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, treatment plans 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. A member of reception staff and a dental nurse told us that they tried to put patients at ease by chatting to them and by maintaining a relaxed atmosphere. Dentists were made aware if a patient was anxious and extra time was taken with anxious patients to try and make them feel at ease and explain in detail the treatment being completed.

The practice had made reasonable adjustments for patients with disabilities. All patient areas of the practice were located on the ground floor, this included reception and waiting area, treatment rooms and an accessible toilet. Staff had carried out a disability access audit and had formulated an action plan to improve access for patients. There was no hearing loop to assist those patients who wore hearing aids. We were told that staff had not had difficulties in communication with patients and would write information for patients if they requested this.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The waiting time for a routine appointment was up to 5 weeks.

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. The practice also offered a 'sit and wait' service for patients in dental pain who needed an urgent appointment.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service. Information about how patients could raise their concerns was available in the waiting area. The practice manager was the complaint lead with support provided by staff at head office if required. We reviewed the management of the most recent complaint and noted this had been dealt with in a timely and professional way.

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. We received positive feedback from staff about the practice manager and their leadership style.

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. The practice manager was aware of required improvements and discussed proposed actions to address issues identified.

Staff were aware who held lead roles within the practice. Staff said that they were encouraged to undertake additional training and received support to undertake any 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 and valued. We were told that this was a good place to work as everyone worked well as a team and supported each other. The practice manager was approachable and helpful, and all staff were friendly, there was a family atmosphere at the practice.

Staff discussed their training needs during annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We were told that the manager could be approached at any time to discuss training or any other issues, concerns or suggestions.

The practice confirmed that they had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Although we were unable to confirm this as not all training certificates requested on the day of inspection were available to demonstrate recent training undertaken for 2 staff regarding safeguarding. This update training was completed within 48 hours of this inspection.

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 signed documentation to confirm that they had read policies and procedures and were aware of their location.

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

Are services well-led?

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Actions taken or learning from patient feedback was discussed with staff during practice meetings, along with the results of patient satisfaction surveys. Thank you cards received from patients were on display in corridors and waiting areas.

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

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

The practice had some quality assurance processes to encourage learning and continuous improvement although improvements could be made. We saw the radiography audit for one dentist, these audits were not available for the other dentists at the practice. Infection prevention and control audits were completed 6 monthly and a disability access audit had been completed. Staff kept records of the results of these audits and the resulting action plans and improvements.