

Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal

Bhandal Dental Practice - Tile Hill Health Centre

Inspection report

Tile Hill Health Centre
Jardine Crescent
Coventry
CV4 9PN
Tel: 02476694215

Date of inspection visit: 14 February 2023
Date of publication: 14/03/2023

Overall summary

We carried out this announced comprehensive inspection on 14 February 2023 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.
- The practice had infection control procedures which reflected published guidance.

Summary of findings

- Staff knew how to deal with medical emergencies. Not all emergency medical equipment had expiry dates recorded, it was therefore difficult to identify whether these items had passed their expiry date.
- The practice had some systems to help them manage risk to patients and staff, although minor shortfalls were identified in relation to fire safety, legionella management and prescription monitoring.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- 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 69 practices and this report is about Bhandal Dental Practice, Tile Hill Health Centre.

Bhandal Dental Practice, Tile Hill Health Centre is in Coventry and provides NHS and private dental care and treatment for adults and children.

The dental practice is situated on the first floor of a health centre with a passenger lift for people who use wheelchairs and those with pushchairs. Stairs are also available to access the practice. Car parking spaces, including dedicated parking for disabled people, are available in a car park a short distance from the practice.

The dental team includes 1 dentist, 2 dental nurses (including a trainee dental nurse), 1 receptionist and 1 practice manager. The practice has 1 treatment room.

During the inspection we spoke with 1 dentist, 2 dental nurses, the receptionist and the practice manager. The Business Manager and a receptionist from another local Bhandal practice were also in attendance to assist during this inspection. 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 until 6pm

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

- Take action to ensure the availability of medicines and equipment in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary, the General Dental Council and the Resuscitation Council (UK).
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance, In particular monitor and log hot and cold water temperatures ensuring that they are in line with the recommended temperature range.

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. All staff received level 2 training in safeguarding vulnerable adults and children within the last 12 months.

The practice had infection control procedures which reflected 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 carried out in March 2022. However, the log of hot water temperature recorded temperatures below the minimum required temperature of 55 degrees Celsius. This issue had been reported to NHS property services and the practice were awaiting action to be taken.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean. The landlord of the premises employed cleaning staff who cleaned areas such as the waiting room, patient toilets and reception area. The landlord held records to demonstrate these cleaning tasks were completed. Staff from within the practice completed cleaning of other areas such as the dental treatment room and decontamination room, logs were available to demonstrate cleaning undertaken.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation and all documentation was complete.

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

The practice had systems in place to ensure that equipment was safe to use and maintained and serviced according to manufacturers' instructions, although we identified that quarterly foil tests were not completed on the ultrasonic cleaner. The ultrasonic cleaner had received an annual service on 7 February 2023 and no issues were identified. The practice ensured the facilities were maintained in accordance with regulations any issues identified were reported to the landlord of the premises who took appropriate action.

A fire risk assessment was carried out by the Landlord in line with the legal requirements. The most recent risk assessment was completed on 8 February 2023 and the practice were awaiting the results of this. Some issues for action were identified during the previous risk assessment. We were assured that action had been requested to address those issues identified that were outside of the practice's control. We were unable to review some fire safety information as this was held by the landlord of the premises. However, following this inspection we were sent evidence of the fire alarm servicing record. We were also sent the emergency lighting servicing record, although issues were identified, and evidence was not provided of action taken to address this. We were also informed that the practice had ordered fire logbooks to record details of any tests completed by staff at the practice. The landlord of the premises had been contacted to request access to the fire drill, emergency lighting and fire extinguisher logs in order to document they were all in correct working order.

We saw that the electrical safety report identified some issues for action, mainly relating to the ground floor of the premises. During the inspection, the practice manager contacted the Landlord to request an update on action taken to address issues identified.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, rectangular collimators were not available in the dental surgery. A rectangular collimator reduces the amount of radiation a patient is exposed to during dental intraoral X-ray procedures.

Are services safe?

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.

Emergency equipment and medicines were available, however, the size 4 oropharyngeal airway did not have an expiry date recorded, we were therefore not able to identify whether this item had passed its expiry date. Oropharyngeal airways sizes 0 to 3 were missing. Clear face masks for the self-inflating bag were available but sizes were not recorded. Aspirin available was non dispersible and the adrenalin EpiPen was only available in child's a dose of 0.3mg with no repeat doses available and insufficient dose for an adult. Glucagon was kept in the fridge, however there was no monitoring or log of fridge temperatures to ensure that the glucagon was being stored within the required temperature range. We were assured that fridge temperatures would be monitored and recorded going forward. We noted that the checklist for the equipment and medicines needed to be improved. Although daily checks were completed of the emergency oxygen and the defibrillator, there were no recorded checks on other emergency equipment at the practice and emergency medicines were checked monthly. Resuscitation Council Guidelines record that the responsibility for checking resuscitation equipment rests with the staff at the dental practice by named individuals. The frequency of checks should be at least weekly. Following this inspection, we were informed that that replacement equipment had been ordered.

Eyewash was missing from the first aid kit. Following this inspection evidence was provided to demonstrate that this had been purchased.

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 products in use.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

Although a log was available for NHS prescription, the system in place did not record all prescriptions on the premises at any time. It would therefore be difficult to identify lost or missing prescriptions.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. Leaflets regarding oral health and dental treatments were available for patients in the waiting area. The practice could also text patients a link to oral health information provided by the Oral Health Foundation which was available in various languages.

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 had completed training regarding the Mental Capacity Act.

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. Systems were in place to notify the dentist of vulnerable patients.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. An online dental compliance system had recently been introduced to all team members to enable them to access practice policies and continuous professional development training.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The practice did not have a private referral log to monitor receipt and actions of referrals. However, we assured that although private referrals were rare, a log would be implemented going forward.

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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The health centre had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place. Although we noted that there was no sign on display on the first floor of the building to inform patients of the use of CCTV. Following this inspection, we received evidence to demonstrate that a new sign had been purchased and were informed that this would be displayed as soon as it was received.

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. There are a number of advice leaflets available for various dental treatments.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images.

The practice could send patients a text message which contained an audio link to information for patients to gain information on NHS dental charges and information regarding fee exemption.

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. The receptionist discussed the methods used to ensure anxious patients were put at ease. These patients could be offered the first appointment of the day to reduce anxiety by avoiding any wait to see the dentist.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. A selection of reading glasses were available to aid patients who had visual impairments and we were told that some information could also be made available in large print. There was also a hearing loop for use by patients who used a hearing aid.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs. Appointment slots were kept free each morning for those patients who required urgent dental treatment. Once these appointments were full, those patients with a dental emergency would be offered a sit and wait 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.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Reception and nursing staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. The dentist was involved in separate clinical meetings with the registered manager.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The newly implemented dental compliance system enabled the practice manager to review training completed by staff.

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 on computer desktops throughout the practice. These were reviewed on a regular basis.

We saw there were processes for managing risks, issues and performance. However, minor shortfalls were found in relation to fire safety, legionella management and prescription monitoring.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings and informal discussions. Practice meetings were held every 3 months. 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.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.