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Bhandal Dental Practice - 13 Heath Lane

Inspection report

13 Heath Lane
Oldswinford
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Overall summary

We carried out this announced comprehensive inspection on 24 October 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 advisor.

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 appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, 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 practice had information governance arrangements.

Background

The provider is part of a corporate group (Bhandal Dental Practices) and has multiple practices. This report is about 13 Heath Lane, Oldswinford.

13 Heath Lane is in Oldswinford, Stourbridge and provides NHS and or private dental care and treatment for adults and children.

There is a small step to gain access to the practice and dental treatment rooms are located on the first floor of the building. There is a stair lift for patients with limited mobility to gain access to the first floor. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 4 dental nurses, 1 support staff, 1 practice manager and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, the receptionist, the practice manager and a compliance lead from the group who was also in attendance to provide support. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 6pm and Saturday from 8.30am to 12.30pm. The practice is closed for a 1-hour lunch break each day Monday to Friday.

We identified an area of notable practice. An information/training book regarding autism had been developed. Colour coded emotions cards, indicating how the patient was feeling during treatment were available for use by autistic patients or those with a learning disability.

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

Summary of findings

- 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

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 and felt confident to report concerns. All staff had completed training to an appropriate level. Information about safeguarding procedures was on display around the practice, making it easily accessible to both patients and staff. Dentists had downloaded the NHS safeguarding application on to their mobile phones to provide them with up-to-date local safeguarding information.

The practice had infection control procedures which reflected published guidance. Staff completed infection control training at least annually. The infection control lead completed random spot checks, and monthly practice checks to ensure staff were working in accordance with guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment conducted in November 2022. Records demonstrated that control measures, in line with risk assessment recommendations, were in place.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Consignment notices were available as well as a pre acceptance waste audit.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Files we reviewed showed that appropriate pre-employment checks had been completed for staff.

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

The practice ensured equipment was safe to use. There was a maintenance plan in place which recorded the schedule for servicing and maintenance of equipment at the practice in line with manufacturers' instructions. All equipment seen had been serviced and maintained. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. Some improvements were required to the management of fire safety. We saw records to demonstrate that weekly checks were being completed on the fire alarm and fire extinguishers. However, there were no records of monthly checks of emergency lighting or checks of fire doors or fire exit routes. We were assured that these checks would be implemented immediately, and logs kept. Records were available to demonstrate that routine servicing and maintenance of fire safety equipment was up to date.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

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. The practice's sharps risk assessment required updating to include details of all sharps in use at the practice.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, 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. Prescriptions were securely stored, however there was no tracking system in place for the prescriptions in one of the treatment rooms to ensure lost or missing prescriptions could be identified. We were assured that this would be implemented immediately.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts. The practice had systems to review and investigate incidents and accidents, and records we viewed were detailed. Safety alerts were a standard agenda item to be discussed during monthly practice meetings.

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 regular information updates in emails and practice meetings. We saw clinicians assessed patients' needs 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. This included giving patients information regarding the effects of smoking, poor diet and alcohol on oral health and giving oral hygiene advice as needed.

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. Information regarding the amount of sugar in food was on display in the waiting room to make patients aware of poor food choices.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005 and had completed training regarding this.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Treatment plans and records of discussions with patients demonstrated the information discussed to ensure they were able to make informed decisions about their treatment.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff had completed training in autism and learning disability awareness to improve their understanding of patients living with these conditions. The practice manager had developed an information/training book regarding autism which was discussed during practice meetings. Autistic patients or those with a learning disability could use colour coded emotions cards. These could be used to indicate how the patient was feeling during treatment, various emotions were available, for example happy or sad by the patient to show various emotions such as whether they were happy, confused, scared or sad.

The practice had posters on display stating that they were a "dementia friend" (Alzheimer's Society's Dementia Friends programme is an initiative to change people's perceptions of dementia. The Alzheimer's Society give advice regarding support available and actions to take to help people affected by dementia) with a member of staff from head office being a dementia champion who had links with the Alzheimer's society.

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

Effective staffing

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

Are services effective?

(for example, treatment is effective)

Newly appointed staff had a structured induction. A staff handbook had been developed to be used during induction training. Induction training information was also provided to trainee nurses by the training provider. 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. Staff were kind, friendly and helpful to patients and we observed numerous positive interactions between staff and patients both in person and on the telephone.

We reviewed patient feedback from surveys, and online reviews. These reflected a high level of satisfaction with the services of the dental practice. Positive feedback included, "impressed by the caring attitude of the Dentist and whole practice", and "couldn't recommend a better environment for anyone terrified of the dentist".

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Systems were in place to ensure patient information was kept securely and confidentiality was maintained.

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 and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. The dentist was informed if a patient was nervous, reception staff said that reassurance was given to anxious patients, and they chatted to them to make them feel at ease. A television was playing in the waiting room which also helped to distract anxious patients.

The practice had made reasonable adjustments, including a hearing induction loop for those patients who were hard of hearing and used a hearing aid. A magnifier was available for patients with visual difficulties. Coloured screens could be put over the magnifying screen to help dyslexic patients read text. Information could be made available in large print or other languages if required. Staff had access to translation services including British Sign Language and also had a list of other practices within the group with details of languages other than English spoken by staff to aid with translation should translation services not be available when booking appointments. The practice had also purchased specialist grip pens to help patients with arthritis complete forms if this was their preference.

There was a small step to gain access to the practice and treatment rooms were located on the first floor of the building. A stair lift provided access to the first floor of the building for those patients who were less mobile. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and social media page.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service. The practice provided extended opening hours on a Saturday from 8.30am to 1pm.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they offered patients urgent appointments at other practices within the Bhandal group to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice had a robust and effective system to respond to any concerns and complaints received. We reviewed the recent complaint and saw that the practice had responded appropriately in a timely and professional way. Complaint information would be sent to the complaints manager at head office who monitored for trends and provided support to the practice as necessary. Learning from complaints was shared companywide.

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

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

Records required by regulation for the protection of staff and patients were maintained, up to date and accurate. 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 could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice was involved in supporting a local foodbank targeting healthy food options also giving toothpaste and information leaflets regarding oral health.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date. Staff had access to face to face and online training. Training was monitored by the practice manager and staff at head office to ensure that this was completed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Staff had access to all information on the computer desktop.

We saw there were clear and effective processes for managing risks, issues and performance. However, the sharps risk assessment should be updated to include details of all clinical sharps in use at the practice.

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 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 demonstrated a commitment to acting on feedback. The practice monitored patient feedback and took action to address any comments or suggestions made where appropriate. Patients were able to complete the NHS Friends and Family Test (FFT). The NHS we are listening to your feedback poster on display in the waiting room recorded that patients had asked for arms on the chairs in the waiting room. The practice had responded by providing 2 chairs in the waiting room with arms.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.