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Bhandal Dental Practice - 179 High Street

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 4 July 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. However, needle guards were not pouched in dental treatment rooms, we were assured that going forward these would be pouched, and additional needle guards purchased. Following this inspection, we were sent evidence to demonstrate action taken.

Summary of findings

- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. However, the medical emergency kit checklist did not include all items of medical emergency kit. We were assured that this list would be updated immediately and following this inspection we were sent a copy of the updated checklist.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- 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, and this report is about 179 High Street, Quarry Bank. This dental practice is in Quarry Bank, Dudley and provides NHS and private dental care and treatment for adults and children.

There is step free 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 access requirements.

The dental team includes 3 dentists, 3 dental nurses (including 2 trainees), 1 receptionist, a practice manager and a member of support staff. The practice has 4 treatment rooms, only 3 of which are in use.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 receptionist and the practice manager. The member of support staff and an area manager from the Bhandal group was also present and assisted during this inspection. 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 is closed for lunch between 1pm and 2pm. The practice is also open on alternate Saturdays from 9am to 1pm.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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. Staff had downloaded the safeguarding application on to their mobile telephones which gave them up to date safeguarding information for their local area. Staff understood the safeguarding procedures in place and had completed regular training to an appropriate level.

The practice had infection control procedures which reflected published guidance. However, needle guards seen in treatment rooms were not pouched. Additional needle guards were purchased, and following this inspection we were sent evidence to demonstrate that these had been pouched. Six monthly infection prevention and control audits were completed and staff completed training at least annually.

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 July 2022. Control measures in place were in line with recommendations in the risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. A waste contract was in place and waste consignment notices were available for each waste collection.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Staff from within the practice completed daily cleaning and logs were available to demonstrate this.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Appropriate pre-employment checks were completed on staff such as disclosure and barring service checks, proof of identity, evidence of conduct in previous employment and right to work in the UK. The majority of staff had worked at this practice for over 10 years.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The company had an in-house service engineer which helped to ensure that equipment was serviced and maintained within the required timeframes. 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. Evidence was available to demonstrate that issues identified in the fire risk assessment had been addressed. The management of fire safety was effective. Records were available to demonstrate that emergency lighting was checked every 6 months. However, monthly checks were not completed. Following this inspection, we were sent an updated fire safety checklist which included weekly checks of the emergency lighting. However, these checks were not in accordance with the instructions on the fire safety checklist information.

The practice had arrangements to ensure the safety of the X-ray equipment. The local rules had not been updated and did not record the contact details for the Radiation Protection Advisor. We were assured that this would be updated immediately. Following this inspection, we were sent a copy of the updated local rules.

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.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. However, the logs used did not record all items of medical emergency kit. The kit also contained both out of date and in date defibrillator pads. We were told that the out-of-date pads would be disposed of and the checklist updated. Following this inspection, we were sent a copy of the updated checklist which recorded all necessary updates.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were a topic of discussion during some practice meetings.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Risk assessments and safety data sheets were available for all products in use.

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, although these were not clinician specific. It was therefore difficult to identify whether each individual clinician was compliant with current prescribing guidelines.

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, copies of safety alerts were kept with the minutes of practice meetings to demonstrate discussions held.

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 monthly practice meetings and disseminating urgent information by email or staff social media group.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of tobacco and alcohol consumption. Free samples of toothpaste were given to patients upon the dentist's recommendation.

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. Dentists spoken to understood their responsibilities under the Mental Capacity Act 2005. Consent policies gave information regarding mental capacity and Gillick Competence (Gillick competence is the principle used to judge capacity in children to consent to medical treatment).Staff had completed Mental Capacity Act training.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance. However, the records for 1 clinician did not demonstrate that basic periodontal examination screening results were recorded on each occasion.

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 regarding autism and learning disability awareness and mental health awareness. The practice had implemented the Alzheimer's Society's Dementia Friends programme and had a dedicated dementia champion who had links with the society. The 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.

Information regarding autism was available for patients to read in the waiting area.

We saw evidence the dentists justified, graded and reported on the radiographs they took. We were told that radiography audits were carried out six-monthly following current guidance. However, only the most recent audit was available on the premises. A copy of the previous audit for June to September 2022 was sent following this inspection.

Effective staffing

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

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. The receptionist was observed to be kind, friendly and helpful to patients over the telephone and in person at the practice.

On the day of inspection, we reviewed feedback from the recent patient satisfaction survey. Patients responded positively to questions regarding, for example, are staff polite and courteous on arrival at the practice, does the dentist listen to you? An audit of the survey had been completed. The results of satisfaction surveys were discussed with staff during practice meetings.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Staff gave examples of how they maintained patient's privacy and confidentiality such as use of private areas for confidential discussions.

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 and information leaflet provided patients with information about the range of treatments available at the practice. Information regarding NHS fees was on display within the practice and available on the practice website.

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, videos 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. Patients who were anxious could be booked in for a chat with the dentist and to have a look around the practice. Staff told us that they would try to 'win the patient's confidence, chat to them and make them feel at ease.' Staff would notify the dentist if a patient were anxious. Patients could also have appointments booked at quieter times of the day so that they would not have to wait to see the dentist. As a last resort they could refer for sedation if necessary, but we were told that staff always tried to make the patient feel at ease and confident to have their treatment completed at the practice.

The practice had made reasonable adjustments, including a hearing induction loop for use by patients who wore a hearing aid. The practice also had access to interpretation services which included British Sign Language. Written information was available in a range of languages and formats. There was 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. There was level access to the front of the practice. The practice was located over 2 floors. The reception, waiting area, disabled access toilet and a dental treatment room which was wheelchair accessible were available on the ground floor. There were also dental treatment rooms on the first floor of the building. 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 patient information leaflet.

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. The results of satisfaction surveys demonstrated that 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.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with a dental emergency were triaged by the reception and if necessary, a dentist. Patients were offered a 'sit and wait' appointment as required. When the practice was unable to offer an urgent appointment, they referred patients to another local practice within the Bhandal group. This helped 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 responded to concerns and complaints appropriately. Staff discussed outcomes 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 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. We received positive comments from the staff about support systems and the management team.

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

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. We were told that everyone was supportive and helpful and that the practice was a very good place to work. Two staff had been recently employed; the remaining staff had worked at the practice for over 10 years.

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 and reviewed 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.

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. Staff told us communication systems in the practice were good and they were kept up to date with any changes.

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

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. Patients were able to complete the NHS 'Friends and Family Test.' The practice also conducted a patient satisfaction survey. The results of the survey were discussed with staff and actions would be taken to address any neutral or negative feedback. The results of the most recent survey showed positive feedback from patients.

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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. However, we saw that antimicrobial prescribing audits had not been completed per dentist. There was 1 audit which covered all 3 dentists. It was therefore difficult to identify from this audit whether each individual dentist was following antibiotic prescribing guidelines. There was only 1 radiography audit on the premises, we were assured that these were completed every 6 months. A copy of the previous audit was forwarded following this inspection. There was no audit documentation on the premises for 1 dentist. This was discussed with the dentist during the inspection. Copies of audits were forwarded following this inspection.