

Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal

Bhandal Dental Practice - Cradley Heath

Inspection report

147-150
High Street
Cradley Heath
B64 5HJ
Tel: 01384411522

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Overall summary

We carried out this announced comprehensive inspection on 13 June 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, and this report is about 147 – 150 High Street, Cradley Heath.

The dental practice is in Cradley Heath, Birmingham 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 2 specialist orthodontists, 1 oral surgery specialist, 15 dentists and 2 foundation dentists, 27 qualified dental nurses, 12 trainee dental nurses, 1 decontamination nurse, 4 dental therapists, 3 cleaners/decontamination runners, 1 treatment co-ordinator, 1 referral co-ordinator, 1 domiciliary co-ordinator, 2 practice managers and 8 receptionists. The practice has 20 treatment rooms.

During the inspection we spoke with 5 dentists, including the provider and the specialist orthodontist, 3 dental nurses, including the decontamination nurse and a nurse who was completing administration tasks, 1 referral co-ordinator, 1 cleaner, 2 receptionists and a practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 8am to 6pm and Saturday from 8am to 1pm. The practice is closed between the hours of 1pm to 2pm.

The practice had taken steps to improve environmental sustainability. For example, the practice recycled wherever possible, lights automatically turned on when entering a room and off when the room was unoccupied, and staff were trying to reduce the use of paper.

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

Summary of findings

- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

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 had downloaded the safeguarding application on their phones and therefore had access to up-to-date safeguarding information for their area. Safeguarding information was on display throughout the practice. We looked at a sample of staff training records and saw that although staff had completed safeguarding training annually, some staff had not completed all parts of the training. Staff were not fully aware of the procedures for when a child was not brought to their appointment. We were shown information available such as standard letters to send to parents, and assured that a policy would be developed, and staff would be updated regarding the procedure to follow.

The practice had infection control procedures which reflected published guidance. The practice had a decontamination suite on the ground and first floor of the building, each with a separate 'clean and dirty area'. Staff completed infection prevention and control training annually and six-monthly infection prevention and control audits were completed.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment completed in April 2023. Action had been taken to address issues identified.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Staff were employed to clean the practice and we were told that cleaning was completed throughout the day including high traffic areas and toilets. Cleaning schedules showed daily, weekly, monthly and annual tasks to be completed.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Relevant pre-employment information had been obtained for staff including disclosure and barring service checks, identity confirmation, right to work in the UK and evidence of conduct in previous employment.

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 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 actions had been taken to address issues identified. The management of fire safety was effective. Fire drills were completed monthly to ensure that all staff had attended a fire drill at least once per year. Staff had completed fire marshal training.

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 followed guidance regarding sharps safety. Risks associated with the handling and disposal of dental sharps were assessed and procedures implemented to mitigate any risk. Policies and risk assessments were regularly reviewed and updated. Staff had completed sepsis awareness training and sepsis information posters were on display throughout the practice. Lone working policies were available and risk assessment templates available for completion if required.

Are services safe?

We viewed risk assessments which covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce them.

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. Immediate life support training was also completed by staff providing treatment to patients under sedation.

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. A referral co-ordinator was employed to ensure referrals were completed and monitored.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. NHS prescription pads were kept secure, and a log was in place to monitor and track their use.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. Incidents and accidents were logged and monitored for trends. Learning from incidents and accidents was shared between practices within the group. We discussed a specific example where staff had learned from an unusual incident and implemented measures to prevent recurrence.

The practice had a system for receiving and acting on safety alerts and these were discussed during 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. Including monthly practice meetings, area manager meetings and the provider held regular 'tutorials' with dentists. Recent tutorials had been held to discuss consent, health and safety and intravenous sedation.

The practice offered conscious sedation for patients. Those undergoing sedation were managed safely and in accordance with national guidance. They underwent a thorough pre-operative assessment before the day of the procedure. Information was supplied to ensure patients understood the procedure and could give informed consent. Vital signs were monitored continuously and recorded at suitable intervals during the procedure and patients were assessed after the procedure to ensure it was safe for them to leave. Systems were in place to ensure that a suitable escort was available before discharging the patient to keep them safe.

Equipment was up to date and regular safety checks were carried out.

All staff had undergone suitable training and undergo continuous professional development to keep up to date with current practices. A suitable number of sedation trained staff were available for each procedure along with ancillary staff to provide support to the sedation team.

The practice undertook suitable risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence.

The specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Dental therapists worked at the practice to support patients with gum disease and give oral health advice. 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 available for patients in the waiting room. Written patient information leaflets were also available.

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. The practice's consent policy included 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.

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 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 regarding autism and learning disability

Are services effective?

(for example, treatment is effective)

awareness and mental health awareness. This practice was 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 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. Some dental nurses had carried out post qualification training in radiography, impression taking, conscious sedation and immediate life support.

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.

The practice was a referral clinic for minor oral surgery, procedures under sedation and orthodontics. A referrals co-ordinator was employed who monitored and ensured the dentists were aware of all incoming referrals.

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.

On the day of inspection, we reviewed feedback from 50 patients recorded in the practice's December 2022 patient satisfaction survey. Positive results were recorded, and all respondents recorded that they were treated with respect by reception staff, 48 respondents reported that they had a professional relationship with the dentist and were always given an explanation of treatment required. We discussed action taken to implement any suggestions made by patients, including the addition of baby changing facilities in the disabled access toilet.

The practice is located on a busy high street, staff discussed incidents which had occurred outside of the practice, where people had requested assistance from staff. For example, a person who had fallen in the road and staff had assisted with first aid until a relative had collected them.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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. Information regarding 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. We were told that the practice saw a large number of anxious patients who had been referred to the practice for dental sedation. Staff discussed the methods they used to try and put nervous patients at ease. This included giving reassurance, explaining what would happen during any treatment, chatting to try and relax the patient. There was a large raised fishpond in the centre of the waiting room. We were told that patients enjoyed looking at the fish as they said that this helped to relax them. Patients could also have appointments booked at quieter times of the day so that they would not have to wait to see the dentist.

The practice had made reasonable adjustments, including level access to the premises, ground floor reception, waiting and treatment rooms as well as a disabled access toilet for patients with access requirements. The practice also provided a hearing loop, and a selection of reading glasses were available for use if a patient had forgotten their own glasses. Written information was available in a range of languages and formats and translation services including British sign language was also available. 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. 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 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 directed patients to the appropriate out of hours service when necessary.

Patients who needed an urgent appointment were offered one in a timely manner. Emergency slots were available each day for patients in pain. Patients with a dental emergency could also be offered a sit and wait appointment. 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.

Patients who needed an urgent appointment were offered one in a timely manner.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. We reviewed the documentation for a sample of complaints recently received. We saw that these had been handled in a timely, professional and empathetic way. We discussed the actions taken to make improvements to the service and address any issues identified. 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 and provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve. We received positive comments from staff about the leadership team at the practice. Senior staff who assisted with this inspection were knowledgeable, organised and committed to providing a good service to patients.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any 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. Many staff had worked at the practice for over 5 years, with 1 working at the practice for as long as 33 years. Staff said that they enjoyed working at the practice, commenting on the good teamwork, supportive and friendly atmosphere.

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

Staff had access to in-house, face to face and on-line training. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The education provider for trainee nurses had trained some qualified dental nurses at Bhandal Dental Practices to train trainee nurses. The education provider was still involved at the practice completing observations and provided an annual development plan and other ongoing training. The practice is a NEBDN accredited Dental Sedation nurse training practice. The practice is a foundation dentist training site.

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

Are services well-led?

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. The Friends and Family Test was available in the waiting area for patients to complete. The practice also conducted a patient satisfaction survey every 6 months. The results of the survey conducted in December 2022 showed positive feedback.

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.