

Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal

# Bhandal Dental Practice - 103a Golden Hillock Road

## Inspection report

103a Golden Hillock Road  
Smallheath, Birmingham  
B10 0DP  
Tel: 01217720266

Date of inspection visit: 17 May 2022

Date of publication: 22/06/2022

### Overall summary

We carried out this announced focused inspection on 17 May 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- 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. However, staff were not recording water temperatures in line with Legionella risk assessment recommendations. The provider said they would address this moving forward.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were mostly available. The provider ordered the missing item immediately.
- The practice had systems to help them manage risk to patients and staff.

# 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.
- 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 103a Golden Hillock Road.

Bhandal Dental Practice, 103a Golden Hillock Road is in Small Heath, Birmingham and provides NHS and private 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 four dentists (including two specialist dentists), three dental nurses (including two trainees), one orthodontic therapist, two practice management staff and one receptionist. The practice has three treatment rooms.

During the inspection we spoke with one dentist, one dental nurse and the practice manager. A Registered Manager from another Bhandal Dental Practice attended to provide support 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 to 6pm. The practice is closed each day between 1pm to 2pm.

The practice is also currently open on Saturday from 9am to 1pm.

The practice had taken steps to improve environmental sustainability. For example, staff turn off lights and equipment, as appropriate when not in use. Staff are encouraged to recycle as much as possible.

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

- 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

# Summary of findings

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 staff were logging that they had checked both hot and cold-water temperatures but were not recording the actual temperature of the water for audit purposes.

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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 been encouraged to download the NHS safeguarding application onto their phones to provide them with up to date safeguarding information for their local area. Staff had completed regular safeguarding training to an appropriate level.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. The infection control lead was based at another practice within the Bhandal group but provided support and training to staff as needed.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Staff were ticking a form to demonstrate that monthly hot and cold-water temperatures had been taken but the actual temperature was not recorded, the practice were therefore unable to demonstrate that temperatures were within the required limits.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The clinical waste bin was secured but the lid had not been locked closed when we saw the bin at the start of this inspection.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

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

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. A matrix had been developed to record dates of servicing and maintenance. This was monitored by the practice manager and staff at head office to ensure action was taken within the required timeframe.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Clarification was sought regarding the outcome of the fire alarm servicing information as this did not clearly record whether a satisfactory outcome had been achieved. This was not received prior to writing this report.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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 health and safety.

Emergency equipment and medicines were available apart from oxygen face masks with reservoir and tubing for adults. These were ordered during this inspection. Checks of emergency equipment and medicines were completed and logged but not at the required frequency. We were told that weekly checks would be completed going forward.

# Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenario training was completed on an ad hoc basis.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Material safety data sheets were also available for each product in use. Hazardous substances were securely stored when not 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. Antimicrobial prescribing audits were carried out. However, the audit we reviewed was not dated to demonstrate the date of completion.

## **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.

The 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.

### **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.

### **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. 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. Staff from other local Bhandal Dental Practices provided support to cover staff vacancies as required.

Newly appointed staff had a structured induction and 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 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.

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**

The practice 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.

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.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Staff confirmed that they had access to free training and were supported and encouraged to completed additional training.

### **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.

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**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Patients gave positive feedback in the most recent satisfaction survey conducted in November 2021.

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

Staff kept records of the results of these audits and the resulting action plans and improvements.