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Castle View Dental Practice Limited

Inspection report

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Overall summary

We carried out this announced inspection on 14 September 2021 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 provider 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 asked the following three questions:

- 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:

Are services safe?

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

Are services effective?

Summary of findings

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

Are services well-led?

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

Background

Castle View Dental Practice Limited is in Dudley and provides NHS and private dental care and treatment for adults and children.

A portable ramp is available to provide access to the practice for people who use wheelchairs and those with pushchairs. Pay and display car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, two dental nurses, including one trainee, one receptionist and a practice manager. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Castle View Dental Practice Limited is also an area manager for the organisation.

During the inspection we spoke with one dentist and two dental nurses; including the trainee dental nurse who was working on reception at this inspection. A registered manager from another local practice attended to support the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am to 5pm and Saturday 8.30am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate life-saving equipment was available, but we were told this was obtained immediately following this inspection.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

Summary of findings

Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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 ensuring that water temperatures are within the required temperature zones.

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had separate child and vulnerable adults' safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact details of local safeguarding teams were available for staff, these were regularly checked and updated as required. We saw evidence that staff had received safeguarding training to an appropriate level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated safeguarding lead within the practice and at a senior level within the organisation. Safeguarding was a regular topic of discussion during practice meetings. Disclosure and Barring Service (DBS) checks were completed for all staff and staff had signed up for the annual update service for this.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation. This also formed part of the safeguarding training completed by staff.

The provider had an infection prevention and control policy and procedures which had been reviewed and updated in April 2021. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Effective standard operating procedures and measures had been implemented to reduce the spread of Covid-19.

Staff completed infection prevention and control training and received updates as required. We were told that the infection prevention and control lead at the practice had completed additional training. Following this inspection, we were sent a copy of a training certificate dated 21 September 2021.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed in February 2020. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. We saw that hot water temperatures were often below the required temperatures and the water temperature logs were not always dated or signed by the person recording the information. On the day of our inspection the boiler temperature was increased, hot water temperatures checked, and these now met the required temperature. We were told that information recorded in the logs would be dated and signed going forward.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

Are services safe?

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The waste pre-acceptance audit was dated December 2019.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit carried out in April 2021 showed the practice was meeting the required standards.

Measures had been introduced to minimise the risks to patients and staff related to the spread of Covid-19. These included the use of personal protective equipment for staff, a protective screen at the reception desk, reduced patient numbers in the practice, social distancing, hand sanitizing stations and face coverings for patients. Increased cleaning regimes had been introduced for all patient areas, such as waiting rooms corridors and toilets. Patients had the opportunity to complete information such as medical history using an online portal prior to their appointment if they were able.

The provider had a whistle-blowing policy. This contained both internal and external contact details should staff wish to report any issues or concerns. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

We were told that the provider had a recruitment policy and procedure to help them employ suitable staff. This policy was available at the organisation's head office as staff from the practice were not involved in the initial processes for staff recruitment. Prior to our inspection we were sent staff recruitment information, and on the day of inspection we looked at two staff recruitment records. These showed the provider's recruitment processes reflected relevant legislation.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Portable electrical appliances were regularly checked, and an electrical five-year fixed wire safety check had been completed in 2018. This identified some issues for action, however, there was no documentary evidence to demonstrate that action had been taken as required. We were told that an electrician was employed by the company and all issues had been addressed. Following this inspection, we were informed that the practice was compliant, the electrician had confirmed that the recommendations advised on the electrical inspection report were not a legal requirement. One issue had been addressed and further works would be carried out as part of the refurbishment plan. We saw evidence that the gas boiler was serviced in May 2021.

A fire risk assessment was carried out in line with the legal requirements in July 2021. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records were available to demonstrate regular servicing and maintenance of fire extinguishers and emergency lighting. Logs demonstrated regular checks of fire detection systems and that staff fire drills were completed. Records were available to demonstrate that staff had completed fire safety training.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

Are services safe?

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. All risk assessments were available to staff on the computer desktop and in hard copy format. Risk assessments were discussed with staff during practice meetings. Covid-19 risk assessments had been completed for all staff. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. Sharps' bins were sited safely and labelled correctly. A sharps risk assessment had been undertaken and was reviewed annually. This risk assessment required updating to include details of all sharps objects in use at the practice. Following this inspection, we were sent a copy of the updated risk assessment.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness discussions during practice meetings. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. In addition to this, staff undertook medical emergency scenario training to keep their skills up to date.

Not all emergency equipment medicines were available as described in recognised guidance. For example, one size of oropharyngeal airway and the child size oxygen mask with reservoir and tubing were missing. We were told that missing equipment would be ordered immediately. Following this inspection, we were told that this equipment was obtained from the stock kept at the organisation's head office. Emergency medicines were available as required and stored appropriately.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

Are services safe?

The dentists were aware of current guidance with regards to prescribing medicines.

We saw evidence that an antimicrobial prescribing audit had been carried out in April 2021.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Incident reporting policies and forms were in place and accident books available. We were shown an accident book and were told that there had been no recent accidents at the practice.

There were comprehensive risk assessments in relation to safety issues. Systems were in place to enable staff to monitor and review incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. The practice received regular updates and information regarding Covid-19 and information was disseminated to staff and acted upon as required.

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. We saw clinicians assessed patients' needs and delivered care and treatment 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 in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. 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.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice had policies regarding consent, for adults who lack capacity and the Mental Health Act. Information was available for staff relating to assessing whether a patient has capacity to consent. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Information was available regarding Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. A list of staff who spoke languages other than English, who worked at practices owned by the organisation, was available. Patients who were unable to speak or understand English were able to attend these practices if they preferred or the staff member could assist with translating conversations either over the phone or in person. External translation services were also available to patients as required.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Record keeping audits were completed to ensure records met Faculty of General Dental Practice (FGDP) guidance.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of audits, for example record keeping, radiography and infection prevention and control, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. We confirmed the clinicians completed the continuous professional development required for their registration with the General Dental Council and we saw records to demonstrate this.

Staff new to the practice staff had a structured induction programme and we saw records to demonstrate this. Newly employed staff had an induction buddy to guide them through the induction process. We saw that monthly one to one meetings were held with all staff and a three-month probationary review for new staff, as part of the induction process.

Staffing levels had not been affected by the Covid-19 pandemic. Additional “bank” staff were employed by the organisation who worked between practices to cover staff vacancies as required.

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.

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. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at an annual appraisal and at monthly one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. Staff from head office sent a reminder to the practice when appraisal meetings were due and monitored to ensure that appraisals were completed within set timescales.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour and a Duty of Candour policy was available to staff. Staff said that they were always open and honest when helping patients to resolve any issues or concerns.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Staff told us that support was provided from staff within the practice, the registered manager, other local managers, and head office staff.

The provider 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. Monthly practice meetings were held to provide staff with updates and to discuss aspects of the service provided.

Are services well-led?

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance. The practice had a policy which informed patients of its complaints' procedure. This was available in the waiting area. We were told that there had been no formal complaints received at the practice recently. The patient information leaflet also detailed contact details should patients wish to make a complaint either directly to the practice, to head office or to external organisations such as NHS England or the Parliamentary and Health Service Ombudsman. The complaint procedure could also be downloaded from the practice website.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Business Services Authority (BSA) performance information and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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

The Covid-19 pandemic had restricted the measures the practice used to gather patient feedback. Patients were encouraged to complete on-line feedback which was monitored by staff from head office. At the time of our inspection the practice had scored four point one stars out of five from a total of 13 online reviews.

The provider 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 provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.