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Bhandal Dental Practice - 4a Leicester Street

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 17 January 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. Not all appropriate medicines and life-saving equipment were available, missing items had been ordered prior to the inspection and were awaiting delivery.

Summary of findings

- 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. Although the dentist was only available for 2 days, the practice was open to book patient appointments and to refer to other local practices for emergency appointments when the dentist was not available.
- 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 69 practices, and this report is about Bulkington Dental Practice, 4a Leicester Road. Bulkington Dental Practice, 4a Leicester Road is in Bulkington, Warwickshire and provides NHS and private dental care and treatment for adults and children.

The practice is located on the first and second floor of the building and therefore does not provide step free access. Patients who are not able to use stairs are referred to a local practice within the group. Car parking spaces, including dedicated parking for disabled people, are available near the practice in local car parks. Unrestricted parking is also available on some local side roads.

The dental team includes 1 dentist, 1 dental nurse, 1 practice manager and 1 receptionist, who is also a qualified dental nurse. The practice has 2 treatment rooms, only 1 of which is in use currently.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist, the practice manager and the business 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 9am to 6pm. The practice is closed each day from 1pm to 2pm.

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

- 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.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development. For example, learning disability and autism awareness and safeguarding vulnerable adults and children.

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. We discussed 'Was not brought' regarding children who are not brought to their dental appointments. We were assured that relevant details would be included within the practice's safeguarding information. Training records for one staff member identified that they had partially completed safeguarding training within the last 12 months. We were sent evidence to demonstrate that this staff member had completed the required update training the day following our inspection.

The practice had infection control procedures which reflected published guidance. The dental nurse was the infection control lead at the practice. Infection control audits were completed annually rather than at the required frequency of six monthly. The practice manager assured us that these would be completed every 6 months going forward.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The risk assessment identified some issues for action. Hot and cold water temperatures were being monitored and logged. A new hot water boiler had recently been fitted, but it had been identified that the hot water was not reaching the required temperature within the correct timescales. This had been reported and work was planned to address this issue. The day following this inspection we were told that a maintenance engineer was attending the practice to fit a new water heater and addressing another issue identified 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.

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.

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. Electrical and gas safety checks were completed. We saw that one action was recommended in the 5-yearly electrical fixed wiring check. We were assured that this had been discussed with head office maintenance staff and the relevant action was planned.

A fire safety risk assessment was carried out in line with the legal requirements. Some issues for action identified on the fire risk assessment had been reported to the facilities team and were awaiting a date for action. Others had been addressed. The fire risk assessment identified that fire drills had not taken place. Staff spoken with were aware of the action to take in the event of a fire but there was no documentary evidence to demonstrate that fire drills took place. We were assured that all actions would be completed as soon as possible. Following this inspection, we were sent evidence to demonstrate that a new fire alarm system including emergency lighting was due to be installed in February 2023. Logs were kept demonstrating the fire safety checks completed. A means of alerting staff in the event of a fire was available on the first floor of the building but not the second floor. We were assured that action would be taken immediately to rectify this. 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. However, on the day of inspection the critical examination test certificate for the x-ray machine was not available.

Are services safe?

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 did not record sharps instruments in use at the practice. We were told that this information was recorded separately but would be incorporated into the risk assessment going forward. One member of staff worked alone at the practice on some occasions. There was a lone working policy. We discussed the safety measures in place to safeguard this staff member. However, staff were unable to find a lone working risk assessment. Following this inspection, we were sent a copy of a completed lone worker risk assessment.

Not all items of emergency equipment and medicines were available. Self-inflating bags with reservoir and clear face masks for the self-inflating bags were not available but had been ordered prior to this inspection. The practice was still awaiting delivery of the missing items. Emergency equipment and medicines were checked in accordance with national guidance. However, one item had not had the expiry date adjusted according to storage requirements and manufacturer's guidance. This was actioned on the day of inspection.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also kept on file.

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.

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.

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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff told us that they were aware of but had not been involved with national oral health campaigns recently. The business manager assured us that national oral health campaigns were advertised on the group's social media pages. Information which supported patients to live healthier lives, for example, leaflets regarding the effects of smoking on oral health were available. We were told that patients were given information about local stop smoking services and were directed to these schemes when appropriate.

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. However, there were no forms to record capacity assessments. The practice manager confirmed that these would be implemented immediately.

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. Although there was no evidence to demonstrate that staff had completed training regarding learning disability and autism awareness in dentistry. We were sent evidence to demonstrate that the dental nurse completed this training the day following this inspection.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits annually but assured us that going forward these would be completed 6-monthly following current guidance.

Effective staffing

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

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 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 polite, friendly and helpful when talking with people on the telephone.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 receptionist was also a dental nurse and was able to assist patients clarifying any issues or referring back to the dentist to ensure they fully understood the information they had been given.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example 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. Staff told us that they chatted to anxious patients to try and make them feel at ease. Dentists were informed if a patient was anxious and extra time could be given for an appointment if necessary.

The practice was located on the first and second floor of a building and was not accessible to patients who were unable to use stairs. There was no disabled access toilet as the location was not suitable for use by patients who used a wheelchair. A hearing loop was available to assist those patients who used a hearing aid. A translation service was available, but we were told that this was rarely used. We were told that the practice was awaiting delivery of an electronic tablet which could be used to assist with translation of information into various languages and could be used by a patient to communicate with the translation services. Access to British sign language interpreters would also be available.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

The practice was open Monday to Friday, but the dentist only worked there on Thursday and Friday and occasionally on a Saturday. During the times when the dentist was not available, patients who required urgent treatment were referred to another local practice.

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 information leaflet 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. The practice also offered a 'sit and wait' service for patients in dental pain who needed an urgent appointment. When the practice was unable to offer an urgent appointment, they worked with partner organisations 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. We were told that there had been no recent complaints received at the practice. Details of the practice's complaint procedure were on display for patients. Some staff had completed complaints handling training. Staff were aware that the practice manager was the complaints lead and said that they would refer complaints to them as appropriate.

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 people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

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 and valued. They were proud to work in the practice. Staff told us that the practice manager and business manager were always available to provide help if required and that staff at the practice were helpful and supportive towards each other.

Staff discussed their training needs during annual appraisals and informal 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. Staff told us that they were encouraged to complete training and training needs were discussed during appraisal meetings.

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. Policies and procedures were available in paper form and on the reception computer desktop and were therefore easily accessible to all members of staff.

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 protecting patients' personal information. Staff had completed general data protection regulation training.

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. NHS Friends and Family Test (FFT) questionnaires were available for completion and the practice conducted their own patient satisfaction survey annually.

Are services well-led?

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. Staff told us that as the practice team was small, they discussed issues or changes at the practice daily or as they occurred. Practice staff joined in with other local practices to attend quarterly area meetings.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and if applicable; innovation. These included audits of patient care records, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. However, it was noted that radiography and infection prevention and control audits were not completed at the required frequency. We were assured that these audits would be completed every 6 months going forward.