Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bhandal Dental Practice - 22 Arden Road

22 Arden Road, Rubery, Birmingham, B45 0JA

Tel: 01214531346

Date of Inspection: 24 April 2014

Date of Publication: May 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal
Registered Manager	Mrs Beverley Kim Francis
Overview of the service	This dental practice offers a range of NHS dental care and treatment for adults and children. The practice will also see people on a private basis.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Bhandal Dental Practice - 22 Arden Road had taken action to meet the following essential standards:

- Assessing and monitoring the quality of service provision

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 April 2014 and talked with staff.

What people told us and what we found

We found at our inspection visit of September 2013 to Bhandal Dental Surgery, 22 Arden Road that improvements were required regarding the quality assurance systems in place. The provider sent us an action plan following our visit which recorded the action taken to address the issues raised.

We conducted this inspection to check and see if quality assurance systems were more robust and recorded details of action taken if issues were identified. We spoke with the practice manager and the registered manager. We discussed quality assurance systems and were shown copies of audits, satisfaction surveys and other records which related to monitoring the quality of the service provided.

We saw that improvements had been made to quality assurance systems in place.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Issues had been identified regarding quality assurance systems at our inspection of September 2013. Action plans were received which recorded the action taken by the provider to address the issues raised. We conducted this inspection visit to monitor compliance with regulations and to check whether appropriate action had been taken.

At this inspection visit we met with the registered manager and the practice manager. We looked at records and met with a dentist who explained the outcome of an audit to us.

We looked at a folder of policies and procedures. We were told that these were regularly reviewed and updated at the Bhandal head office. We saw that copies of new or updated policies had been sent to the dental surgery and staff had signed to confirm that they had read the policy. We also saw that the practice manager had recently reviewed each policy and had recorded the date that they were reviewed and the date that the next review was required.

We discussed complaints procedures. We saw that information which guided people how to make a complaint was on display in the waiting room. We were shown a folder which was used to store any written complaints received. Since our last inspection, a complaint log book had been made available. This was used to record details of any verbal complaint or any incidents at the surgery. This meant that there was a clear record of any complaints made to the dental surgery and how they were resolved. We were told that no verbal or written complaints had been received since the last inspection in September 2013.

It was noted at our last inspection that a newly employed member of staff had not undertaken fire safety training. We discussed this with the practice manager. We were told that all staff had undertaken fire safety training in September 2013. We were shown the Certificate of fire training for the newly employed staff member. We saw records which showed that the practice manager had also received 'fire marshal' training. This meant that

staff were trained to take appropriate action in the event of a fire.

At our last inspection of this dental surgery we could not find documentary evidence to demonstrate that audits had been completed after 2012. We were told that staff had taken them off the premises to analyse results. At this inspection we saw copies of recent audits undertaken. We were told that the results of all audits were sent to Bhandal head office for analysis. We looked at audits about patient waiting times, infection control, radiographs, missed appointments, patient records and recall arrangements. We saw that these audits were completed on a regular basis. The findings of the audits were recorded and any action taken as necessary.

We discussed the methods used to gain feedback from people who used the services of this dental surgery. We were told that satisfaction surveys were available on the reception desk. People were asked to complete a survey when they filled out their medical history form; reception staff or the dentist also encouraged people to complete a survey. We were told that when 50 surveys were returned, the results were analysed and forwarded to Bhandal head office for further analysis. We saw the results of a recent survey undertaken. A score sheet was completed which recorded the level of satisfaction of people who had completed the survey. A separate record was available which detailed comments received. We were shown records of staff meetings which demonstrated that comments were discussed. Information regarding any actions taken were recorded.

We discussed staff appraisal with the practice manager. We were told that all staff received an annual appraisal. We looked at the records kept of the recent appraisals undertaken. We saw that staff were able to record comments on how they felt they had performed during the previous year. Staff also recorded any personal goals or training needs. We were told that changes had been made to the appraisal records since our last inspection. We saw that systems were now more robust.

It was evident from the information we saw that the provider had systems in place to review and monitor the quality of service people received. The views of people that used the service were regularly sought.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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