

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

Bhandal Dental Practice - 45 Zoar Street

45 Zoar Street, Lower Gornal, DY3 2PA

Tel: 01384232756

Date of Inspection: 14 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal
Registered Manager	Miss Deana Brown
Overview of the service	Bhandal Dental Practice offers treatment to NHS and private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced 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 14 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with five people, one dentist, two qualified dental nurses, one trainee dental nurse, and the area manager on the day of the inspection.

Records showed that people had consented to their treatment. All the people we spoke with told us that treatment options were discussed with them. One person said, "The dentist explained this in detail."

People had their medical history recorded and reviewed frequently. Records showed that oral health was promoted, and appropriate advice was offered. One person told us, "The dentist is really good."

We looked at decontamination processes and found that robust arrangements were in place to minimise the risk of infection.

We found that staff had the appropriate checks carried before they were employed.

All the people we spoke with were complimentary about the service and the staff. Systems were in place for people to complain and provide the service with their comments.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

People were asked for their consent before they received any care or treatment and the provider acted in accordance with their wishes.

Reasons for our judgement

People were asked for their consent before treatment was delivered. We found that both the paper records and the electronic records showed that people's treatment plan had been discussed with them and they had signed the patient declaration form. The patient declaration is a form that is completed to show whether people paid for their treatment, or whether they were exempt from paying. One person told us, "My treatment is free, but they still go through everything." We observed people asked to complete this form when they arrived for their appointment.

Electronic records, completed by the dentists were detailed and showed that consent was obtained from people for every treatment. One person said, "They always ask me what I want to do. They give you a copy of your plan as well for your own records." The dentist we spoke with said, "It is always the person's choice, we discuss the risks and benefits." We found that people's wishes were respected. In instances when people had refused treatment, their decisions had been respected, and recorded appropriately. This meant that people were offered a choice and their decisions were taken seriously.

We found that consent was obtained from a parent or guardian when the person was under the age of 16. We saw an example of how the person's parent had been involved in making treatment decisions and how they were asked for their consent on behalf of their child. One dental nurse described how best interest meetings would be organised with other professionals if people lacked capacity to make their own decisions. We found that all staff had received training in the Mental Capacity Act. This meant that arrangements were in place to obtain consent from children and how to act in people's best interests.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with told us that they could make appointments easily and were seen in a timely manner. Two people we spoke with told us that they had asked for emergency treatment and were offered appropriate appointments. One person said, "I called them today at 9 am and they got me seen by the dentist around 10:15 am." We saw people being given an appointment card to remind them of the date and time when it was booked. We looked at the appointments booking system, which was clear and simple to use. One staff member explained that slots were always available in the event of urgent care being required.

People's treatment was planned and delivered appropriately. We looked at people's electronic dental records. We found that these records were clear with appropriate treatment plans and medical history. We observed staff ask people to complete their medical history form. One person said, "They ask me if my medicines have changed, you fill in the form, and the dentist asks me as well." This ensured that dental treatment was appropriate with consideration of people's health conditions and medicines.

The dentist explained that there was a set number of questions that all people were asked at each appointment. This enabled people's notes to be consistent and ensured that relevant information was obtained from people before treatment was delivered. We saw evidence that a soft tissue examination was carried out for people, which is screening for oral cancer. Appropriate advice was offered to people about how they could improve their oral hygiene. People were complimentary about the advice and treatment they received from the dentist. One person told us, "You can't get any better really." This meant that people received information that was person centred, which met their needs.

We looked at one person's electronic records who had chosen not to have the treatment carried out. We found that provisions were made for the person to return on another day as they were anxious. One person said, "They see you quite quickly, you don't have to wait around especially when you can get nervous." This meant that people's anxiety around dental appointments and treatment was considered and respected.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. There was one dental surgery that was being used at the time of the inspection. We looked at this surgery and found it was clean, hygienic, and tidy. One staff member explained that they had system in place to ensure the surgery was cleaned and checked daily. Records showed that this was carried out daily. We observed a dental nurse going through the decontamination process to ensure that dental instruments were sterilised and safe for use. We found that the process was robust and appropriate personal protective equipment (PPE) was in use, so risks to staff were minimised.

We found that the soap dispenser in the documentation room was broken. We raised this with the area manager who arranged for this to be fixed in a timely manner. We found that dental instruments were bagged, with the date that it was sterilised. The instruments would need to be re-sterilised once used, or if they had been in the bag for 21 days or more. The dental nurse told us that there was an internal process to ensure that instruments were re-sterilised after 21 days. We found that all dental instruments we looked at were within the expiry date. This meant that effective processes were in place to minimise risks of infection. Records showed that weekly checks were carried out to ensure that dental instruments in the rooms were appropriate and safe for use.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We found that appropriate checks had been carried out for all staff. We found that all staff had a completed criminal records bureau (CRB) check. This is a check carried out to ensure that staff were suitable to work with children and vulnerable adults. One dental nurse told us, "This is updated every 12 months." This meant that processes were robust to ensure that only appropriate staff were employed.

We found that two references were obtained for the dentists, although this was not always sought for dental nurses. The area manager explained that on some occasions, dental nurses went to work at the surgery from academic establishments. The area manager recognised the need to attempt to obtain references, even if these were character references.

Appropriate documentation was obtained to ensure that staff had the right to work in the United Kingdom. We found that this information was clear and consistent in all staff files. We saw that professionals were registered with the General Medical Council (GMC) as per the requirements. One person said, "Staff are very good, professional, friendly, and helpful." We found that staff had access to relevant training to ensure they were suitably skilled to look after people.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments were taken seriously.

Reasons for our judgement

The process for escalating complaints for NHS and private patients varies. We saw a complaints process for people who were treated under the National Health Service (NHS), which was displayed for people to read. There was a separate sheet for people who received private treatment. This meant that provisions were in place that provided this information to people when needed. The provider may find it useful to note that both complaints processes and procedures should be displayed for people to view at any time. The area manager acknowledged this and informed us this would be carried out.

The majority of people we spoke with were aware of the complaints process. One person said, "I would speak to reception staff and take it forward from there." We looked at the comments and complaints book, which was available for people to provide their views on the service. We read a majority of positive comments in this book. We saw three comments made by people about how the service could be improved, which were related to the parking and a bathroom door handle. We found that action was taken where possible, to make improvements from the comments that had been received. This meant that people's views were taken seriously.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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