

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

Bhandall Dental Practice - Stanley Road

8 Stanley Road, Quinton, Birmingham, B68 0DY

Tel: 01214214132

Date of Inspection: 17 September 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal
Registered Manager	Mrs. Katherine Slater
Overview of the service	Bhandal Dental Practice - 8 Stanley Road provided NHS and private dental services to people of all ages.
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 announced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Bhandall Dental Practice - Stanley Road, carried out a visit on 17 September 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we did not meet any people using the service however, afterwards we spoke to five people by phone who had recently used this dentist. Those people were happy with the service and the treatment they had received. One person told us "The dentist is very good". Another person said "The whole set up is very good and they are very good with the patients".

People told us that they were treated with dignity and were shown respect. One person told us "They were friendly and polite".

We found that people had received the care and treatment they needed. One person said "I am very happy with the treatment I have had to date".

We saw that processes were in place to prevent infection. People we spoke with had no concerns about the cleanliness of the practice. One person told us "The place always looks clean".

We saw that there were procedures in place for the safe recruitment of staff which meant that people using the practice were protected from being treated by unsuitable staff.

We saw that processes were in place to monitor quality and that some changes had been made where the provider had identified that these had been needed to improve the service provided.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service had been given appropriate information regarding their care and treatment. People we spoke with told us that they had been given the information they needed to help them decide what treatment they could choose. One person said "They always explain things to me and where possible give me options".

We saw that information was available in the waiting room about NHS charges. People we spoke with told us that they were told how much their treatment would cost before they agreed to it. One person said "I pay for all my treatment and they told me how much it would cost and then I had to sign a form to agree to it".

The emergency contact number was available in the reception area for people to see. The provider also had a recorded message on the practice phone so that if people rang out of hours they were informed where they could get help from.

People we spoke with felt they were treated with dignity and respect whilst they received treatment. One person said: "They were all helpful and polite". Another person said "The staff are pleasant and polite".

Staff told us that the practice offered a service to a diverse range of people. Staff gave a good account of how they had dealt with and communicated with people who had dementia or were hard of hearing. They told us that they had verbally explained things and when needed they had written things down as well to confirm what they had said. They also told us that they gave people time and a more detailed explanation so that people were better able to understand what was being said to them. This meant that staff recognised that people had different needs and had adapted their approaches so that communication was more efficient.

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.

Reasons for our judgement

People's needs were assessed and care and treatment had been planned and delivered in line with their individual care choices. People told us that they were very happy with the care and treatment they received from this dental practice. One person said "They always explain everything to me. They then give me choices". Another person said "The dentist is really very good there, they always explain things clearly to me".

People told us that they would be seen quickly in an emergency. One person told us "The dentist is only open a few days a week but generally I do not have to wait long for an appointment."

We looked at the records of three people who had visited the practice during the previous week. These were detailed and showed evidence of examination of the gums and soft tissue and external examination of the face and jaw. We saw that where x rays were necessary these were recorded. Records we saw also showed that people's medical history had been recorded. People told us that they were asked if there were any changes in medical conditions and medication at each visit. Staff we spoke with confirmed that the dentist undertook thorough examinations of people's teeth, tongue and soft tissue. They gave us a good account of checking processes such as asking people about their medical history. This meant that people had been assessed to make sure that they had the safe treatment that they needed.

The records we saw showed evidence of risk assessment for each person, which indicated any medical or oral health risks. Recall for dental checks were based on current guidance and people told us they had a six monthly check up at the dentist. People we spoke with told us that they were sent a reminder before their next appointment was due.

The emergency resuscitation kit was kept in a room where it was safe and accessible for use quickly. We saw that there was a system in place for checking that the medicines and we saw that equipment had been in date and ready for use. A sample of the emergency medicines showed that they were in date at the time of our visit. Staff we spoke with confirmed that they have had received emergency resuscitation training and training records we looked at confirmed that. This meant that people could receive the correct treatment in an emergency.

The provider may wish to note that we did not see the date of opening on a product that

stated on its packaging "To be used within three months of opening". This meant that staff would not have known precisely how long the product had been opened for to prevent it being used when it should not have been.

We saw that room temperatures were taken and recorded where medication was stored to make sure that it had been stored correctly. This meant that medication had been stored at the temperature that had been recommended by the manufacturer to prevent it being 'spoilt' or not working as it was supposed to.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

People told us they had no concerns about the cleanliness of the surgery. One person said "The place always looks clean. I do not have any problems with that. The staff always wear gloves when they examine me."

We saw that systems were in place to reduce the risk and spread of infection. The lead nurse for infection control took us through the process used for decontamination and sterilisation of used instruments. This consisted of the instruments being transported from the surgery in a container. The instruments were then scrubbed and placed in the washer/disinfector or scrubbed and checked for debris under the magnifying light. The nurse explained that if instruments were visually clean they would then be placed in the autoclave to be sterilised. They told us that the instruments would then be put into bags and dated for use within 21 days. We were told that the instruments were checked regularly and if not used within the expiry date they were re-sterilised prior to use. We looked at a sample of the sterilised instruments stored in the surgery and saw that they were all in date.

We saw evidence to show that everyone involved in clinical treatment had received infection control training. This training would give staff basic knowledge and understanding of infection prevention to help protect people from infection and risk. We asked three people who had recently had treatments at this practice if they had any problems afterwards such as infection. All three confirmed that they had not developed any infection after their treatments.

We saw that there were plenty of gloves, aprons and masks available and staff spoken with confirmed that they used personal protective equipment when carrying out treatment and decontamination tasks. On the day of our inspection we found that the treatment room and equipment in that room were visibly clean. This included the dental chair, equipment used for treatment and the work surfaces. Staff talked about the cleaning processes they undertook. These actions meant that bacteria were less likely to grow and infection transmission risk was lowered.

The provider may wish to note that we saw that the tops of the inner drawers in the treatment room had some rust on them. We also saw that there was a gap between the join on the flooring and wall in the decontamination room. This meant that some repair work was needed to prevent any infection risk to people.

The manager and nurse told us about new checking systems that were to be implemented to improve decontamination and sterilisation processes. They told us that equipment had been ordered and that they would implement these checks once it had been delivered.

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 a system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that the complaints procedure was on display in the waiting room. We had not received any complaints about the practice. The practice had not received any complaints. We saw that a suggestions box was available in the reception area so that people could comment on the treatment they received. People we spoke with told us that they knew that there was a complaints process. One person said "I am very satisfied and do not have any complaints about this dentist. If I was not satisfied I would go elsewhere".

We saw that the provider had systems in place to monitor practices to ensure that people received a quality service. We looked at 13 questionnaires that had recently been completed by people using this dentist practice. The questionnaires all confirmed people's satisfaction with the service, the treatments that they had received and the staff. The only negative comments were that the practice only opened three half days a week. The manager explained that those hours were all that their funding agency allowed.

We saw that public liability and indemnity insurance certificates were in date for the dentist and the nurse. We saw a certificate that confirmed that staff had attended fire training. Safety certificates were available for the equipment used for people's care, such as the x-ray machines and autoclave. This meant that the provider had taken action to make sure that equipment used to treat people was tested to make sure that it was safe to use. It also meant that people could be assured that insurance had been purchased in case something went wrong.

The manager told us that recently they had changed the appointment recall process. They told us that some people preferred to be reminded about their pending appointments by email or text message instead of a letter and that they had introduced that system. They told us that people had said that they prefer to be told of their appointments that way. That meant that staff had thought about processes that would improve systems for people and that they had put these into action.

The manager told us that the provider is planning a refurbishment of the treatment room in December 2012 or early in 2013. This meant that the provider had looked at ways to improve the service to benefit the people who use their dental practice.

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

People we spoke with had no concerns about the staff working at the practice. One person told us "The staff are nice and friendly". Another person said;" They were all nice and helpful".

We saw evidence that staff had undertaken training to maintain their professional development to ensure they were able to perform their work safely and maintain their qualifications.

The area manager provided us with evidence of the recruitment process for the staff employed at the practice. We looked at the files for two staff that worked at this practice and saw that checks had been undertaken. These checks would help to keep people safe and prevent them from harm as they prevent unsuitable people working at the practice.

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, 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, primary medical services 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 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.

✗ 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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