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 - 14 Redhill

14 Redhill, Stourbridge, DY8 1ND

Tel: 01384372015

Date of Inspection: 29 November 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	Mr. Naveen Kumar Chaluvegowda Nagarathna
Overview of the service	Bhandal Dental Practice provides NHS and private dental care 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 looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2013, 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

We carried out this inspection to check on the treatment of people. Following the inspection we conducted telephone interviews with five people. On the day of the inspection we spoke with one person, two dental nurses and the dentist. The clinical manager from the provider's head office was also present to support the process.

The practice consisted of a reception/waiting area, two treatment rooms and a toilet on the ground floor, which met the disability discrimination act (DDA) requirements. On the first floor there was a decontamination area and a third treatment room which would be used in the future for implant type services. The entrance to the practice had a ramp which would allow people with reduced mobility access to the service.

People we spoke with told us their consent was given before any treatment was done.

Records showed that people's treatment was planned and people's safety and welfare was an important part of the service they received. One person said, "The dentist always checks my gums and sometimes gives me advice".

The provider had an infection control policy in place to reduce the risk of cross infection. One person said, "The practice is always clean and tidy, it's quite clinical".

Records showed that staff appointed were checked to ensure they were suitable to work with vulnerable people.

The provider had a complaints process, a comments book and suggestion box to allow people to share their views.

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.

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

Reasons for our judgement

Before people received any treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at six people's treatment plans and found them all to have evidence of written consent. The dentist told us that people's consent was also sought verbally once they were in the treatment room and this was also recorded. People we spoke with and records we saw confirmed this. One person said, "Oh yes my consent is always given and any treatment I need is discussed with me". We found that where people needed support from an interpreter this was provided by the provider where people were unable to get support from relatives. This meant that treatment would only be given once people were able to give their consent.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The dentist told us that people would not be treated if they were unable to give their consent. Where people could not give their consent, then they would get consent from a relative or seek further advice from managers as to the best course of action to support people. The staff we spoke with were able to explain the Mental Capacity Act (MCA) and the implications for the service where people were not able to give their consent to treatment. The MCA is a legal framework which empowers and protects people who may lack capacity to make decisions for themselves. Records showed that staff had received MCA training and the staff we spoke with confirmed this. This meant that where people did not have the capacity to give their consent staff had the knowledge and skills to support people appropriately.

We spoke to the dentist who was able to confirm that where children were being treated their parents or guardian would be involved to give consent on their behalf. Any treatment would be explained to both children and their parent or guardian, this to ensure children were clear on their treatment options and understood the treatment being proposed. Records showed evidence of parents giving written and verbal consent for treatment and written notes confirming the discussions that took place.

Care and welfare of people who use services ✓ Met this standard

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 and treatment that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Records showed that people's needs were assessed and recorded and treatment options discussed with them to ensure people were clear on the treatment being suggested. We looked at six people's treatment plans and found that where an X-ray was required the reason for this was clearly recorded. People told us that the dentist always discussed treatment options and they were then able to decide on the best course of action. Our observations confirmed this. One person said, "The dentist is excellent and my treatment is always as I would like it". This meant that people's treatment was planned and delivered as they expected.

Records showed that there was a process in place to ensure appropriate checks were being carried out to ensure equipment being used was safe to use and medicines within the practice were within their use by date. We found that emergency equipment and medicines were being stored appropriately. Staff we spoke with confirmed training was provided in cardio pulmonary resuscitation (CPR) and records we saw confirmed this. This meant that people could be assured that in an emergency staff would have the right knowledge and skills to support them.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Records showed that people's medical history was being checked and outcomes recorded on their treatment plans. One person said, "Every six months when my teeth are checked, I am asked to complete a medical questionnaire". The dentist we spoke with confirmed any concerns identified within the questionnaire would be discussed with people before any treatment was given. One person said, "The dentist has in the past checked my medical history before treating me". The records we looked at showed that soft tissue and gum examinations were being carried out to enable the dentist to identify signs of mouth disease and be able to treat people immediately. One person said, "The dentist sent me to the hospital to see a consultant once due to concerns he had with my gums". This meant that people could be confident that the safety and welfare of people was an important part of the service they received.

The dentist told us that people would normally be seen every six months as part of the National Institute for Health and Clinical Excellence (NICE) guidelines. NICE guidelines set

out the standard for high quality healthcare and encourages healthy living. But where people's treatment dictates they are seen as and when required. Records showed that these appointments were being carried out. People told us they were seen on a six monthly basis but sometimes they are seen three monthly or sooner dependent on the treatment they had. This meant that the health and welfare of people would determine how often check-ups were carried out.

Cleanliness and infection control ✓ Met this standard

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We found that the provider had an infection control policy in place to ensure any potential risks were reduced. We found that the practice had a nominated infection prevention and control (IPC) lead. An IPC lead is responsible for processes in place to reduce the risk of cross infection and the cleanliness of the practice and support staff on infection control matters. Staff we spoke with were able to tell us who the IPC lead was and their responsibilities. Records showed that staff had received training in infection control. The staff we spoke with confirmed this. This meant that staff would have the knowledge and understanding to ensure any risks from cross infection were kept to a minimum.

We found that within the provider's infection control policy there was a process for the decontamination of instruments to ensure reusable instruments were kept clean and sterile. The process followed was demonstrated to us by a dental nurse. During this process we observed the processes followed and checked the understanding and knowledge of the staff member. The staff member was able to explain checks that were carried out on a daily basis and where we could find evidence of these checks. Records showed that regular checks were being carried out to ensure equipment being used was fit for purpose. The decontamination process involved the use of a washer disinfector machine to clean instruments and an auto clave to sterilise instruments. An illuminated magnifier lamp was in place to check instruments were clean before they were bagged and date stamped ready for use. We found this process to be satisfactory to reduce any potential risk of cross infection.

We checked a number of instruments that were bagged ready for use and found them to be visually clean. The provider had a system in place for doing regular audits of their infection control procedures. They ensured there were appropriate checks for legionella. This meant that the provider had systems in place to ensure that the treatment of people was being carried out in an environment that was safe from cross infection.

We spoke to four people who told us that the staff always wore their personal protective equipment (PPE) when treating them. Staff we spoke with told us they always wore their PPE when treating people. Our observations confirmed this.

Our observations of the environment was that it was clean and tidy. People we spoke with told us the practice had recently been refurbished and was always clean and tidy. Records confirmed that there was a system in place to regularly clean the environment.

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 treated by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that checks had been carried out to ensure that suitable staff were employed to work with children and vulnerable adults. Records showed a Disclosure and Barring Service (DBS) check (previously known as Criminal Records Bureau checks) had been carried out and a process for obtaining two pre-employment references was in place. The staff we spoke with confirmed they had provided this information before being appointed. We found there were systems in place to continually risk assess the suitability of staff to work with people who were vulnerable. This meant that people could be confident that staff were suitably employed.

Records showed that the dentists and dental nurses were registered with the General Dental Council (GDC). The GDC are responsible for protecting the public by regulating dental professionals. We found one member of staff was currently training to become a dental nurse and had suitable support in place from more experienced staff. Staff we spoke with confirmed they were registered with the GDC and had access to appropriate training as part of the requirements for continuing professional development (CPD) for their registration. The records we looked at confirmed this. This meant that staff were appropriately registered to work in dentistry.

Records showed that the provider had an induction process to support newly appointed staff into their job roles. Staff we spoke with told us that they did receive an induction when they were appointed and were allowed a period of time to shadow more experience staff. This meant that staff were appropriately supported following their initial recruitment.

People we spoke with told us that staff were 'professional and friendly'. One person said, "The staff team are like a family. I don't like coming to the dentist, but the staff really put me at ease". This meant that people could be confident that staff had the skills to reassure and support them through their treatment.

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 and complaints people made were responded to appropriately.

Reasons for our judgement

Records showed that the provider had a complaints process in place. People we spoke with did not all know how to complain but they all told us that they were happy with the service they received and have never made a complaint. One person said, "I have seen the complaints process displayed and would know who to talk to if I had a complaint but I have never had to complain". Our observation confirmed the complaints process was displayed in the reception area. This meant that the provider had a process in place to allow people to share their views.

The provider told us that upon request the complaints process was also available in other formats. Records confirmed this. Staff we spoke with were able to explain how people could complain and what they would do if they had a complaint to deal with. The dentist told us that where people needed support with translation this was also available upon request. This would be discussed with people when appointments were being arranged. Records showed that there was a process in place to log all complaints and as part of this any trends could be monitored. This meant that the provider was able to monitor any trends as part of improving the service provided to people.

We checked the NHS Choices website; this website gives people the opportunity to share their experiences of the service they received. We saw that one positive comment was made; the person said 'the staff were great and the dentist was amazing. They fixed me up quickly and painlessly, and I am very impressed with the standard of care I received'.

The provider also had available a comments book in the reception area and a suggestion box to allow people other methods of sharing their views on the services they received. One comment we saw said the dentist was the 'greatest' and staff were 'brilliant'. The provider confirmed comments and suggestions were reviewed at a monthly practice meeting.

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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