

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

## Bhandal Dental Practice - 735 Hagley Road West

735 Hagley Road West, Quinton, Birmingham,  
B32 1DJ

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Date of Inspection: 19 July 2013

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2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal
Registered Manager	Mrs. Cheryl Anne Holliday
Overview of the service	Bhandal Dental Practice - 735 Hagley Road West is located in Quinton. The practice accepts 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We carried out a visit on 19 July 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with six people who used the service. They were all generally pleased with the service and provided examples of good practice. One person who joined the service a year ago told us, "The dentist has gone out of his way to look after me". Another person told us that they were, "Very pleased" about their treatment. People confirmed that the dentists always explained their treatment options to them and that they were involved in making decisions about their treatment.

We observed two dentists each treat a person. They took care to make a thorough examination and discussed treatment options as well as providing reassurance and advice about dental care and health.

We found that there were good arrangements for making sure that people using the service were kept safe. The staff had received training in adult and child protection and relevant contact numbers were available for staff to report concerns.

We found that there were good arrangements for infection control at the practice. These included the use of protective equipment and procedures for keeping the premises and the instruments clean.

There were good arrangements for making sure that standards were monitored and improved, where necessary. These included surveys, audits of services and equipment and regular staff meetings.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who use the service were given appropriate information and support regarding their care or treatment. During our visit, we looked at information that was displayed in the reception and the waiting area. This included information about treatments available at the practice, opening hours, and payment options. We spoke with six people who used this practice. They told us that they had been provided with the information they needed to make a choice about their treatment.

The manager told us that consent was obtained for every course of treatment. Before consent was obtained, the costs were explained. We sampled the records and saw that people had signed to indicate that they agreed to their treatment plans. We also saw that people had signed to confirm that their records had been updated at their visit. Where the person signing the consent was not the person receiving treatment, for example, in the case of a child, this was made clear.

People's diversity, values and human rights were respected. We spoke with staff about how they managed people's anxieties. They told us how they reassured people when they were nervous. Patients told us how the dentists made them feel safe and helped them to relax as they received treatment. One person told us, "The dentist is very good. He makes me feel at ease". Another person told us, "They are very good at getting me to calm down". The manager told us that, when patients did not use English as their first language, they sometimes brought family members or friends with them to help to interpret. The manager told us that they could access an interpreter service if needed. This shows that the service was responsive to the diverse needs of the people who used the service.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The staff told us and we saw that each time a person attended the practice, an update of their medical history was obtained before treatment began. Where additional information was needed, people were asked to provide consent for the service to access their GP records. We sampled the records of treatment and saw that the dentists updated the computer records each time treatment was provided. This helped to make sure that people continued to receive the treatment they needed.

People received care and treatment in a way which met their needs and took account of their preferences. We spoke with six people who were registered with the practice. They all made positive comments about the service they received. They confirmed that they were consulted about their treatment and provided with treatment options when possible. Several people commented that they found the staff friendly and polite. Some had been using this practice for several years. One person told us, "I have no complaints. They listen to everything I say. Another person told us, "My family have been coming here for years. Everyone is very good". This showed that people were treated in the way they preferred.

We observed two people receiving treatment, each from a different dentist. The dentists took care to describe what they planned to do and made sure that the people were as comfortable as possible during treatment. People were offered choices about their treatment and given advice so that they could maintain their own oral hygiene.

The provider had arrangements in place to deal with foreseeable emergencies. The practice had the appropriate equipment and drugs in place to support people who became unwell. We saw that the equipment was regularly checked so it worked properly and there was a procedure in place to ensure that emergency medicines were fully stocked and in date. All the staff we spoke to had recently received resuscitation training and could explain the provider's emergency procedures. They also knew how to use the equipment. This meant that the people who used the service would receive the appropriate care if they became unwell when visiting the dentist.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used this service were protected from the risk of abuse. We saw that the practice had a safeguarding children's and vulnerable adults' policy. There was also information which provided staff with contact details for the local authority that is responsible for investigating allegations of abuse. We saw certificates which showed that staff had received training in this area. We talked with staff about their training and they were clear about the action they would take if they suspected abuse was occurring. One member of staff told us that they would refer to the provider's whistle blowing policy if they felt the manager was not dealing with a safeguarding concern in accordance with the proper procedure. This meant that staff knew how to take appropriate action when they suspected, or received reports of abuse.

There were good arrangements in place to make sure that people were kept safe during treatment. People said that they felt safe when having their treatment and they trusted the staff at this practice. We saw records which showed that staff had received hepatitis B vaccinations and there was guidance to show the precautions to be taken when patients displayed symptoms of infectious diseases.

Staff records showed that, when they had been recruited, checks on their backgrounds had been made through the appropriate authorities. We saw that the dentists working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are properly qualified and competent to work in the UK. Registered professionals are required to work in accordance with their professional codes of conduct. This meant that there were good arrangements to make sure that people using the practice were safe from unsuitable staff.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. During our visit, we found that the practice provided a clean treatment environment. We saw hygienic hand washing facilities in the treatment rooms. People who provided comments told us that they had no concerns about cleanliness at this practice. They said that they were provided with glasses to protect their eyes during treatment and the dentist always wore protective clothing including gloves and masks whilst carrying out work. This was confirmed during our observation of two people's treatment.

The practice manager showed us how she undertook the decontamination and sterilisation of instruments. There were clearly defined 'clean' and 'dirty' areas in each treatment room in order to make sure that there was no cross contamination from used instruments. The nurse was able to explain the process in place for making sure that all instruments were thoroughly cleaned and sterilised between each use. She showed us how she rinsed and then sterilised used instruments using appropriate equipment. This provided assurance that instruments were hygienically cleaned between use.

We found there were procedures in place for the safe disposal of clinical waste. Sharps bins were available for the safe disposal of used needles and other sharp instruments. The practice had decontamination and infection control procedures. This ensured staff understood how to minimise the risk and spread of infection. We noticed that there were insufficient storage bins to store all the general waste bags before collection. We spoke to the manager about this and they told us they would purchase some addition bins in the next few days. The provider might like to note that waste bags not stored securely can attract vermin and increase the risk of infection.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that there was a comments box in the practice which people could use to express their views. The manager explained that all comments were sent to the provider's head office for analysis. They told us that they generally received positive comments and they had not received any adverse remarks.

We saw evidence that the provider conducted a regular survey to seek the views of the people who used the service. These covered topics including waiting times and overall satisfaction with the service. The provider used these comments to review their service and as a consequence had made changes to ensure that people understood why it was necessary to provide their latest medical history at each appointment. The most recent audit of these forms was in December 2012 and showed high levels of satisfaction with the service.

The provider conducted their own internal audits. We saw that the provider monitored waiting times and how long people spent with the dentist. When people generally started to spend more time with the dentist, the provider increased the time between appointments. This meant that people's waiting times did not increase as a result.

The practice had a complaints procedure in place but we were informed that they had received no complaints since registration. We found that there was information on display in the practice about how to make a complaint. The provider also had a complaints policy, which staff were able to explain to us, in case a complaint was received. The policy included acknowledging and investigating the complaint, informing the complainant of the outcome and how they could appeal. We received comments from six people who used this service. They told us that the dentist always asked them if they were happy with their treatment. People were confident that they would be able to make a complaint or suggestion if needed.

There were systems to make sure that high standards were maintained at the practice. We saw records of staff meetings, which showed that staff were kept up to date with

developments and were provided with an opportunity to express their views. Staff had signed to indicate that they had read and understood any new or amended policies. We saw that there were systems to record checks on the maintenance of equipment and to make sure that policies and procedures were in place and reviewed. These included infection control audits, checks on services and equipment and safety checks.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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