

Dr Dipesh Kaushik Patel

# Harwood Dental Care

## Inspection Report

21 Longsight  
Harwood  
Bolton  
Lancashire  
BL2 3HS  
Tel: 01204 304568  
Website: [www.harwooddentalcare.co.uk](http://www.harwooddentalcare.co.uk)

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### Overall summary

We carried out this announced inspection on 11 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

##### **Background**

Harwood Dental Care is in Bolton and provides private treatment to adults and children and NHS care to children. They also offer specialist implant, endodontic and conscious sedation; Specialist dentists attend the practice as necessary to provide these services.

# Summary of findings

There is a portable ramp for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes two dentists, four dental nurses, two dental hygiene therapists, a receptionist and a practice manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 57 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with both dentists, two dental nurses, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Friday 8.30am to 5.30pm

Tuesday and Thursday 8.00am to 7.00pm

Saturday by appointment only

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

The practice manager had a recognised health and safety qualification. They had applied their skills by implementing detailed health and safety policies and risk assessments which were up to date and reviewed to help manage potential risk.

No action



### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients were happy with the treatment they received and several commented that they had recommended the service to others. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatments.

There were clear arrangements when patients needed to be referred to other dental or health care professionals. The practice received referrals from other practices for endodontic treatment. Referral policies and procedures were in place.

The provider used the skill mix of staff in a variety of clinical roles to deliver care in the best possible way for patients. The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Staff supported national oral health campaigns and engaged with local and national oral health improvement schemes.

No action



### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

No action



# Summary of findings

We received feedback about the practice from 57 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, professional and caring. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them.

Patients said staff were compassionate and understanding and that they had been put at ease by staff at the practice who had listened to their concerns and answered questions in a simple and easy to understand way.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

We saw positive reviews and thank you cards from patients. Staff told us that sympathy cards and flowers had been sent to families who had experienced bereavement and we saw feedback thanking the team for their personal approach.

## **Are services responsive to people's needs?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Patients had the option to book online and late evening and Saturday appointments were available by prior arrangement to meet patients' needs. Patients could also book appointments directly with the dental therapist where appropriate.

Patients were sent emails and text message reminders for upcoming appointments and we saw how the practice used these to communicate important information to help patients to plan their visit.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The patient toilet was not accessible to wheelchair users. A disability access statement and arrangements were in place.

The practice had assessed their information against the Accessible Information Standards. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had a mission statement and comprehensive business plans, policies, procedures and risk assessments to support the management of the service and to protect patients and staff.

No action



# Summary of findings

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. For example, the practice had taken action to change their irrigation syringes after an incident.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training to the appropriate level and one of the clinicians had received additional training to level three. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. Detailed sharps risk assessments had been carried out and safe needle removal devices introduced to minimise the risks. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and immediate life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their weekly checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedures.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice manager had a recognised health and safety qualification. They had applied their skills by implementing detailed health and safety policies and risk assessments which were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Staff had completed fire safety training, carried out regular checks of equipment and regular evacuation drills. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. Staff carried out regular visual checks of electrical equipment in addition to portable appliance testing.

A dental nurse worked with the dentists and dental therapists when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was



## Are services safe?

maintained and used in line with the manufacturers' guidance. Daily surgery checklists were maintained and reviewed regularly to ensure that tests and checks were carried out consistently throughout the practice.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and many patients commented positively about the décor and cleanliness of the practice.

### **Equipment and medicines**

The practice manager used a system of planners and calendar reminders to notify when equipment servicing was due. We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

### **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Two dental nurses were undergoing additional training to support the dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

### Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns including attending a local supermarket to

promote oral health and highlight the risks of oral cancers the previous year. Patient's comments confirmed that the dentists were very informative and gave them advice and information to improve their oral health.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate. The practice monitored fluoride varnish rates and we saw the practice was recently congratulated by NHS England for fluoride varnish on 88% of children compared with the locality rate of 59%.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured, role specific induction programme and an assessment of competence on relevant tasks and equipment. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental therapists and dental nurses, to deliver care in the best possible way for patients. One of the dental nurses had enhanced skills training in radiography and two were currently undertaking additional training to assist during sedation.

Staff told us they discussed training needs at annual appraisals. We saw evidence of 360 degree feedback and completed appraisals for all members of staff. 360 feedback is a method of performance appraisal which gathers feedback from a number of sources.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.





## Are services effective? (for example, treatment is effective)

The practice received referrals from other practices for endodontic treatment. Referral policies and procedures were in place and staff actively monitored referrals to ensure that patients and referring practices were kept up to date with progress. The practice also used bespoke templates for the dentists to refer patients internally to the dental therapists to ensure the therapists had the correct information and prescription to provide the appropriate treatment.

### **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. We were shown bespoke information leaflets and consent forms about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed

they were given time to ask questions and consider treatment plans. They said their dentist listened to them and gave them clear information about their treatment. The practice also offered free consultations with a clinician where patients were considering complex treatments.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the clinicians and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



## Are services caring?

### Our findings

#### **Respect, dignity, compassion and empathy**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, professional and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Many nervous patients said staff were compassionate and understanding and that they had been put at ease by staff at the practice who had listened to their concerns and answered questions in a simple and easy to understand way. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

Music was played in the treatment rooms and there were magazines and a television in the waiting room. The practice provided drinking water, tea and coffee.

Practice and patient information folders, survey results and thank you cards were available for patients to read. Staff told us that sympathy card and flowers had been sent to families who had experienced bereavement and we saw feedback thanking the team for their personal approach.

#### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

Staff told us that all patients were contacted the day after complex treatment to check they were comfortable, satisfied with the outcome, and to answer any questions they had. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants and sedation.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or if they required a translator.

Patients were sent emails and text message reminders for upcoming appointments and we saw how the practice used these to communicate important information to help patients to plan their visit. For example, where roadworks may cause delays. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

### Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp, large format information. The patient toilet had hand rails but was not accessible to wheelchair users. A disability access statement was in place and arrangements were in place for wheelchair users to access the toilets in the supermarket opposite the practice.

The practice had assessed their information against the Accessible Information Standards. This standard ensures that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Staff said they could provide information in different formats and languages to meet individual patients' needs. Flip cards were available with common phrases in a variety of languages to assist with communication and staff had access to interpreter services which included British Sign Language but these were rarely needed.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. Patients had the option to book online and late evening and Saturday appointments were available by prior arrangement to meet patients' needs. Patients could also book appointments directly with the dental therapist for certain treatments where appropriate. A Patient Group Directive (PGD) was in place to facilitate this. A PGD, signed by a dentist, can act as a direction to the therapist to provide treatment to patients for certain procedures without necessarily referring back to a dentist for an individual prescription.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice audited emergency access to ensure that all patients who had requested an urgent appointment had been able to access appropriate advice and care.

### Concerns & complaints

The practice had a complaints policy and code of practice providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.



## Are services responsive to people's needs? (for example, to feedback?)

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had a mission statement and comprehensive business plans, policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held weekly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The dentists and practice manager were members of external organisations including business management, the Local Dental Committee and the practice manager's association to ensure they were up to date and share best practice.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals where the business plans were discussed and all staff were encouraged to contribute to these. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys, social media, online feedback and verbal comments to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The latest results showed that 100% of respondents would recommend the practice.