

Holywell House Orthodontics Limited

Holywell House Hinckley

Inspection report

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Overall summary

We carried out this announced focused inspection on 11 January 2022 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 Care Quality Commission, (CQC), inspector who was supported by a further inspector and a specialist dental adviser.

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

- Is it safe?
- Is it effective?
- Is it well-led?

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

Our findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. These were not always applied.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

Summary of findings

- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

Background

Holywell House Hinckley is in Hinckley, Leicestershire, and specialises in orthodontic treatment and minor oral surgery alongside NHS and private general dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team works across all four of the providers services and includes eight dentists, 17 dental nurses, of whom three are trainees, one dental hygienist, one dental therapist, a clinical dental technician three receptionists, four practice support staff, including a practice manager and one business manager. The practice has four treatment rooms.

During the inspection we spoke with two dentists, three dental nurses, the clinical lead, two receptionists the practice manager and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9am to 6.30pm

Tuesday from 9am to 5pm

Wednesday from 9am to 6pm

Thursday from 9am to 6pm

Friday from 8.30am to 3pm – occasionally to 6.30pm

Saturday from 8am to 3pm

We identified an area of notable practice.

- The provider had developed procedures, including training for staff and a range of materials and support, to improve access to treatment for patients living with autism.

There were areas where the provider could make improvements. They should:

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography).

Summary of findings

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular, to ensure that references are sought from confirmed previous employers.
- Improve and develop the practice's policies and procedures for obtaining and recording patient consent to care and treatment to ensure they are in compliance with legislation, taking into account relevant guidance, and for staff to follow them.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. However, we found these were not always applied consistently as the provider could not confirm that references sought were provided by previous employers. The provider took immediate action to address the issue.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including fire, electrical and gas appliances.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT).

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness. We noted that staff had not received specific training in sepsis awareness but demonstrated a sound understanding. The provider advised they would book sepsis training for all staff.

Emergency equipment and medicines were available and checked as described in recognised guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

Are services safe?

The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

The clinical dental technician ensured that all patients had been referred appropriately by a dentist prior to completing examinations and assessments.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Clinical staff did not consistently record that they had obtained consent in line with Legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an excellent understanding of and commitment to supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty and autism. Staff had received training in how best to support people living with autism and the provider had produced a range of materials to help facilitate this. A welcome booklet was produced containing photographs of the practice and descriptions of what to expect and who the person may meet during their visit. The booklet was written in a clear, accessible way and included sections for patients and their families to provide information that would help improve their experience for example; preferred methods of communication, advice on verbal and nonverbal communications and signs of distress. Staff we spoke with were well informed about patient's individual needs. We saw feedback from one patient's family expressing thanks for the support given and stating that their relative had a very positive experience at the practice. This enabled them to access oral health care where they had experienced difficulty previously.

Evidence was not always available to demonstrate the dentists justified, graded and reported on the radiographs they took. Specifically, we noted that reports of justification for CBCT were not routinely recorded.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider supported staff to further develop their skills and knowledge in a range of areas.

Staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and an emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice took swift action to resolve these. The information and evidence presented during the inspection process was clear and well documented. They could show how they delivered high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice was a member of a good practice certification scheme.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.