

## Holywell House Orthodontics Limited

# Holywell House Nuneaton

### Inspection report

115 Manor Court Road  
Nuneaton  
CV11 5HQ  
Tel: 02476353450

Date of inspection visit: 28 November 2023  
Date of publication: 05/01/2024

## Overall summary

We carried out this announced comprehensive inspection on 28 November 2023 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 practice 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 specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. We identified minor shortfalls in assessing and mitigating risks in prescription management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

# Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Holywell House Dental Practice is in Nuneaton, Warwickshire and provides NHS Orthodontics and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available in the practice car park. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 14 dentists, including 5 specialists, 20 dental nurses, including 3 trainee dental nurses, 1 dental hygienist, 1 dental therapist, 4 practice management staff and 6 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurses, (including 2 who were working on reception on the day of inspection). We also spoke with 4 receptionists (including 2 who also work as dental nurses as included above), the administration manager, the clinical lead, and the registered manager. All staff work across other locations owned by the provider. We spoke with a practice manager from another location owned by the provider who was present during this inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

Monday to Thursday from 9am to 6pm.

Friday from 9am to 3pm.

Saturday 2 per month from 8am to 3pm.

Extended opening hours on occasional Fridays.

The practice is closed for 1 hour each day for lunch.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Management staff had downloaded the safeguarding application to give them up to date safeguarding information and local contact details to report any suspected abuse.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment completed in October 2022.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. Equipment maintenance logs helped to ensure that equipment was serviced within the required timescale. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. Evidence was available to demonstrate that fire safety checks were completed, and the management of fire safety was effective. However, checks of the fire alarm were completed monthly. We were assured that these would be completed weekly in future.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

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

### **Information to deliver safe care and treatment**

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

The practice had systems for referring patients with suspected oral cancer under the national 2 week wait arrangements.

# Are services safe?

## **Safe and appropriate use of medicines**

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

Prescriptions were securely stored, and prescription numbers were recorded on patient records, however, there was no tracking system in place to ensure lost or missing prescriptions could be identified. We were assured that a new log would be completed immediately.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice 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. This included regular information updates in emails and practice meetings.

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

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. Oral health and gum disease support was provided by the dental hygienist and dental therapist. Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects alcohol consumption on 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. Information regarding oral cancer was on display in the waiting room. Leaflets regarding the effects of smoking on oral health were also available.

The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, floss and toothbrushes.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. All staff had completed training regarding mental capacity.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Makaton signs and symbols were on display in the waiting area. The practice website displayed Makaton prompt cards to assist patients during their appointment and caring for teeth at home resources with Makaton signs and symbols.

The practice had received an Autism friendly award by National Autistic Society. Prior to any visit to the practice by a patient with autism, the practice sent them a pre-visit questionnaire to find out how they could make the visit easier for the patient. This also included information about the appointment with pictures of the dental practice. This information was also available on the practice website. We were told that patients could visit the practice prior to their appointment to have a look around.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

### **Effective staffing**

# Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed 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**

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

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

The practice was a referral clinic for minor oral surgery, orthodontics and endodontics and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights. Staff were kind, friendly and helpful to patients and we observed numerous positive interactions between staff and patients.

On the day of inspection, we reviewed patient feedback. These reflected a high level of satisfaction with the services provided at the dental practice.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality and told us how they ensured that confidentiality was maintained at all times.

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. Dentists were made aware if a patient were anxious and staff chatted to patients to try and make them feel at ease.

The practice had made reasonable adjustments. This included an accessible toilet, ground floor reception, waiting and treatment rooms. There was a hearing induction loop to assist those patients with hearing aids and a magnifying glass for patients with visual difficulties. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's 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 who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

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

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. Informal 1 2 1 meetings were also held with staff on a regular basis.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Staff had access to all information on the computer desktop and in paper format.

We saw there were clear and effective processes for managing risks, issues and performance. We identified minor shortfalls in assessing and mitigating risks in prescription management which was rectified during the inspection.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. There was a suggestions box in the waiting area and patients were able to complete the Friends and Family Test (FFT). Of the 16 FFT responses received by the practice in August 2023, 10 rated the practice as very good, 4 as good and 2 as neither good nor poor.

# Are services well-led?

Patients who completed online reviews had commented, “I have just attended Holywell House for my first dental appointment. The whole experience from first contact with reception to the dental examination was thoroughly professional”. “Lovely experience all together, staff are friendly and helpful, there is parking available at the back or on the street free of charge and treatments are done by professionals. Would definitely recommend to anyone”. Administration staff monitored and responded to online reviews. The practice had received 4.7 out of 5 stars from 55 online reviews.

Feedback from staff was obtained through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

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

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.