

Wells Orthodontics Limited Wells Orthodontics Limited Inspection report

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Overall summary

We undertook a desk-based follow up inspection of Wells Orthodontics Limited on 13 September 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection carried out was led by a CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Wells Orthodontics Limited on 24 July 2023 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We found the registered provider was not providing well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Wells Orthodontics Limited on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement were required.

As part of this inspection, we asked:

• Is it well-led?

Our findings were:

Are services well-led?

Summary of findings

We found this practice was providing well-led care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breach we found at our inspection on 24 July 2023.

Background

Wells Orthodontics Limited is in Wells and provides NHS and private orthodontic 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 near the practice.

The practice team includes 1 orthodontist specialist, 2 orthodontic practitioners, 2 orthodontic therapists, 8 dental nurses, 1 treatment coordinator, 1 receptionist, 1 assistant practice manager and a practice manager.

The practice has 5 orthodontic treatment rooms.

We looked at practice procedures and other records to assess how the service is managed.

The practice is open:

- 9:00am 5:30pm Monday and Wednesday
- 9:00am 6:30pm Tuesday and Thursday
- 9:00am 4:30pm Friday

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

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

At the desk-based follow up inspection on 13 September 2023, we found the practice had made the following improvements to comply with the regulations:

Infection prevention and Control

- Cleaning checks were recorded appropriately.
- Cleaning equipment storage followed national guidance.

Fire Safety

- Evidence was available to confirm the resulting actions from the fire safety risk assessment had been carried out.
- Emergency lights were tested at monthly intervals and appropriately documented.
- Evidence of annual emergency light servicing was available.
- Improvements had been made to the recording of fire drills to indicate evacuation times and staff involved.

Radiography

• Evidence of 3 yearly quality assurance tests were available for the X-ray machine.

Emergency Medicines and Equipment

• Emergency medicines were checked weekly as recommended by Resuscitation Council UK.

Control of Substances Hazardous to Health (COSHH)

- COSHH storage areas were signed appropriately.
- COSHH risk assessments were available for COSHH applicable substances.
- A clinical waste bin at the rear of the practice was now secured.

Legionella safety

• Evidence was available to confirm the resulting actions from the Legionella risk assessment had been carried out.

Data protection

- The accident book complied with General Data Protection Regulations.
- A closed-circuit television privacy impact assessment had been carried out.

Training

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

Equality Act 2010

• The sanitary bin in the wheelchair accessible toilet was accessible to a wheelchair user (not foot operated).