

Woodseats Dental Care

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Inspection report

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Overall summary

We undertook a desk based focussed follow up inspection of Woodseats Dental Care on 7 February 2022. This inspection was carried out to review in detail 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 provider sent a package of evidence to us to support the improvements made.

The inspection was carried out by a CQC inspector.

We undertook a focused follow up inspection of Woodseats Dental Care on 26 October 2021 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 Woodseats Dental Care on our website www.cqc.org.uk

When one or more of the five questions are not met, we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was 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 to put right the shortfalls and had responded to the regulatory breach we found at our inspection on 26 October 2021.

Background

Woodseats Dental Care is in Sheffield and provides private dental care and treatment for adults and children. The practice holds a small NHS contract.

There is step access at the front of the practice. Access to the practice for people who use wheelchairs and those with pushchairs is via a side entrance. Car parking spaces are available near the practice on local side roads.

The dental team includes two dentists, three dental nurses, one dental hygienist and a receptionist. The team is supported by a practice manager and an operations manager. The practice has three treatment rooms.

The practice is open:

Monday 8:30am – 5pm (late opening alternate Mondays)

Tuesday and Wednesday 8:30am – 5pm

Thursday 8:30am – 5pm (open until 7pm for hygiene appointments)

Friday 8:30am – 3:30pm

Our key findings were:

- The practice had quality assurance processes to encourage learning and continuous improvement.
- Infection prevention and control procedures reflected published guidance.
- The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with the risk assessment.

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

At the inspection on 7 February 2022 we found the practice had made the following improvements to comply with the regulation:

- The practice introduced an audit action plan for 2022. Evidence sent to us confirmed that infection prevention and control, sharps and radiography audits were in place with relevant action plans and outcomes for learning and improvement.
- Infection prevention and control procedures were reviewed with staff during a practice meeting and the practice policy was updated to reflect published guidance.
- Improvements were made to ensure the flushing of dental unit water lines was completed in line with published legionella management guidance. The infection prevention and control policy included legionella management, and this was updated to include the amendments.
- Practice meeting minutes sent to us confirmed that the areas of concern identified at the previous focussed inspection were discussed with the team and updated protocols were implemented.