

Wootton House Dental Partnership

Wootton Dental Centre

Inspection report

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Overall summary

We undertook a follow-up focused inspection of Wootton Dental Centre on 16 August 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 inspection was carried out by a Care Quality Commission (CQC) inspector.

At our inspection on 4 May 2022 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 Wootton Dental centre on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five 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 area where improvement was required.

Are services well-led?

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 4 May 2022.

Background

Summary of findings

The provider has 150 practices and this report is about Wootton Dental Centre.

Wootton Dental Centre is in Wootton and provides NHS and private 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 parking for disabled people, are available near the practice.

Reasonable adjustments were made to meet the needs of disabled people in line with requirements of the Equality Act 2010. Specifically:

- A hearing loop was available.
- Vision aids were available.
- A Disability Access audit was carried out.

The dental team includes six dentists, five dental nurses, two dental hygienists, two receptionists and a practice manager from a nearby practice who is covering the practice whilst a new manager is recruited.

The practice has four treatment rooms.

During the inspection we spoke with the provider's Head of Compliance and their Area Manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8am to 8pm
- Tuesday 8am to 5pm
- Wednesday 8am to 5pm
- Thursday 8am to 5pm
- Friday 8am to 5pm
- Saturday 9am to 3pm (twice a month)

Our findings were:

- The provider had systems to help them manage risk to patients and staff.
- The provider had quality assurance processes to encourage learning and continuous improvement.

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

Fire Safety

- Emergency lights were tested at appropriate intervals.
- Wastepaper bins at the side of the building were protected from unauthorised interference and potential arson.
- The actions required in a five yearly electrical installation report were carried out.

Infection Control

- Cleaning mops and buckets were stored appropriately.
- The doorway threshold and floor seal in surgery four and the decontamination room was complete.
- The radiator in the staff toilet was free of rust.
- Drawer handles in surgery four and the decontamination room were free of rust.
- Staff did not leave the practice in clinical uniforms.

Radiography

- Evidence of a critical examination was available for the two of the four x-ray machines.
- The labelled emergency x-ray power cut off switch in surgery two was appropriate
- Radiography audits followed current guidance and legislation.

Sharps safety

- Sharps bins were replaced at the appropriate interval of three months.
- Needlestick injury information was available in every clinical area of the practice.
- The day to day management of sharps followed the provider's sharps policy and sharps risk assessment.

Controls of Substances Hazardous to health (COSHH)

- COSHH identified products were stored securely.
- COSHH identified product storage areas were labelled appropriately.

Privacy

- Three treatment room windows overlooked a pub beer garden and a garden belonging to the flat above the practice. Window coverings were now in place.

Effective staffing

- The practice ensured that all of the clinical staff had completed CPD as required for their registration with the General Dental Council.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a follow-up focused inspection on 16 August 2022.