

Habis Dental Limited

# Woodstock Dental Practice

## Inspection Report

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## Overall summary

We undertook a follow-up desk based focused inspection of Woodstock Dental Practice on 22 July 2020.

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 CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of 2 December 2019 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 Regulations 15 and 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 Woodstock Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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 areas where improvement was required.

This desk-based inspection was undertaken during the Covid 19 pandemic.

Due to the demands and constraints in place because of Covid 19 we reviewed the action plan and asked the provider to confirm compliance 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?

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 breaches we found at our inspection on 2 December 2019.

### Background

Woodstock Dental Practice is in Woodstock and provides NHS and private dental care and treatment for adults and children.

The practice reception is accessed by a step down into the waiting area. Staff assist patients into the practice when required. Public car parking spaces, including dedicated parking spaces for disabled people, are available outside the practice.

# Summary of findings

A wheelchair accessible, public toilet is available across the road from the practice. Staff told us they provided the funds for patients to use this facility when needed.

The dental team includes two dentists, four dental nurses of which two also undertake reception duties, three dental hygienists and one receptionist.

The practice has three treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Woodstock Dental Practice is the principal dentist.

## **The practice is open:**

- Monday, Tuesday and Thursday 8.30am to 5.00pm
- Wednesday 8.30am to 7.00pm
- Friday 9.00am to 1.00pm

## **Our key findings were:**

- Premises used by the service were properly maintained.
- Systems and processes were put in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

# Summary of findings

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

We asked the following question(s).

### **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 breaches we found at our inspection on 2 December 2019.

**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 our previous inspection on 2 December 2019 we judged the provider was not providing well-led care and was not complying with the relevant regulations.

We told the provider to take action as described in our requirement notice.

At the follow-up desk based inspection on 22 July 2020 we found the practice had made the following improvements to comply with the regulations:

- Emergency lighting was installed on every floor of the practice and testing added to the weekly fire safety management checklist.

An electrical fixed wiring test certificate was obtained and future tests were diarised to ensure they were not overlooked.

- A legionella risk assessment recommendation to test water temperatures every month was re-instigated and logs maintained.
- Processes were established to ensure appropriate medicines and life-saving equipment were available. The practice replaced missing items and purchased a medicines fridge to store medicines that required refrigerating.

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 desk based focused inspection on 22 July 2020.