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Eurodental Oxford

Inspection report

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Overall summary

We undertook a follow up focused inspection of Eurodental Oxford on 9 March 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 led by a CQC inspector who had access to a specialist dental adviser.

We undertook a focused inspection of Eurodental Oxford on 8 November 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 regulations 17 and 19 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 Eurodental Oxford 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 and send us an action plan. 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?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 8 November 2021.

Background

Eurodental Oxford is in Headington, Oxford and provides NHS and private dental care and treatment for adults and children.

The practice is based on the first floor above a fast food business. Patients who find stairs a barrier are advised to seek dental treatment elsewhere. Car parking, including dedicated parking for disabled people, is available near the practice.

The dental team includes two dentists, one dental hygienist, one dental hygienist who is also a trainee dental nurse, a second trainee dental nurse, two receptionists and a practice manager. The practice manager offers remote business support to the provider and does not routinely attend the practice.

The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with two dentists and one trainee dental nurse, a receptionist and the practice manager.

We saw that improvements had been made to the practice layout. There had been the addition of a staff area and a dedicated decontamination room and cleaning equipment storage cupboard.

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

The practice is open:

- Monday 8.30am to 7.30pm
- Tuesday 8.30am to 5.30pm
- Wednesday 8.30am to 7.30pm
- Thursday 8.30am to 5.30pm
- Friday 8.30am to 5.30pm
- Saturday 9.00am to 2.00pm

The practice closes for lunch between 1.00pm and 2.00pm

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 inspection on 9 March 2022 we found the practice had made the following improvements to comply with the regulations.

In particular:

Governance and management

- The dentist's stool covering in treatment room two was complete..
- Colour-coded mop heads were stored correctly.
- Local anaesthetic ampules were stored in their original packaging (blister packs).
- The seal between the flooring and the skirting boards was complete in both treatment rooms.
- Notification of ionisation radiation work (taking X-rays) to the Health Service Executive was available.
- The X-ray machine in treatment room two had been replaced.
- The X-ray in treatment room two had a rectangular collimator fitted to reduce the amount of radiation a patient is exposed to when having an X-ray taken.
- The practice kept records of the testing and servicing of the fire detection equipment and emergency lighting carried out by the landlord.
- There was automatic emergency lighting in the practice.
- The provider had a system in place to ensure clinical staff had received appropriate vaccinations to protect them against the Hepatitis B virus and effectiveness of the vaccinations were checked.
- Oxygen facemasks in the emergency equipment bag were available and in date.
- A risk assessment was in place for when the dental hygienist therapist worked without chairside support.
- Records of staff inductions were kept.
- Prescription pads in the practice were stored securely and numbers were fully logged.

Recruitment

- Recruitment procedures were operated effectively to ensure only fit and proper persons were employed and specified information was available regarding each person employed.

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 9 March 2022.