

Mrs. Andrea Wright

Ombersley Family Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Ombersley Family Dental Practice on 31 May 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 was led by a CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Ombersley Family Dental Practice on 27 January 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 Ombersley Family Dental Practice 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 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 in relation to the regulatory breach we found at our inspection on 27 January 2023.

Background

Ombersley Family Dental Practice is in Droitwich Spa and provides 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 dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 2 dentists, 9 dental nurses and the business consultant. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse and the business consultant. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday from 8.30am to 6.00pm
- Tuesday from 8.45am to 4.45pm
- Wednesday from 8.45am to 4.00pm
- Thursday from 7.30am to 2.15pm
- Friday from 7.00am to 12.30pm

There were areas where the provider could make improvements. They should:

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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 31 May 2023 we found the practice had made the following improvements to comply with the regulation:

- A systematic comprehensive approach had been implemented for staff appraisals.
- There were now effective systems for monitoring and improving quality. For example, audits of disability access, antimicrobial prescribing and record keeping were carried out.
- Practice meetings were held to share information and drive improvements.
- The provider now had comprehensive policies in place. The safeguarding policy was comprehensive, detailed and explained the steps staff must take to keep children and vulnerable adults safe.
- The provider had a practice policy for obtaining patients' consent to care and treatment to ensure they were following legislation, taking into account relevant guidance, for staff to follow.
- The practice's staff recruitment policy and procedures now fully reflected current legislation. The provider said all appropriate checks would be completed prior to new staff commencing employment at the practice.
- Records were now held to evidence checks of emergency lighting, fire exits and fire extinguishers. Fire drills were recorded as completed.
- Staff now had access to blood and bodily fluid spillage kits.
- The provider had systems in place to track and monitor the use of prescriptions.
- The practice had carried out product specific risk assessments in accordance with The Control of Substances Hazardous to Health Regulations 2002.

However

- Although we found improvements in dental care record keeping, patient's dental assessments were not fully recorded in accordance with nationally recognised evidence-based guidance.