

Eurodental

# Eurodental Devizes Road Swindon

## Inspection Report

9 Devizes Road,  
Swindon,  
Wiltshire  
SN1 4BH  
Tel:01793 616738  
Website:<http://www.eurodentalsurgery.co.uk/>

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### Overall summary

We carried out a focused inspection of Eurodental Devizes Road Swindon on 22 March 2018.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 17 March 2017 and a focussed follow up inspection on 7 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring

and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Eurodental Devizes Road Swindon on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### **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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 18 September 2017.

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The provider had made improvements to put right the shortfalls and had dealt with the regulatory breach we found at our inspection on 17 March 2017 and 7 November 2017.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services well-led?**

The provider had made improvements to the management of the service. This included making additional staff time available for management and administration and establishing clear roles and responsibilities for all the practice team.

The improvements provided a sound footing for the on going development of effective governance arrangements at the practice.

**No  
action**  


# Are services well-led?

## Our findings

At our inspections on 17 March 2017 and 7 November 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 20 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- We observed the outside of the practice had been redecorated and all areas inside the practice requiring attention had been addressed. For example all unused equipment had been removed and all patient care records were appropriately stored.
  - The registered manager told us they had reviewed the practice policies, procedures and risk assessments since the last inspection. Staff knew about these and understood their role in the process. We saw the most recent risk assessments which had been implemented.
  - We saw the practice had fully implemented the recommendations from Dorset and Wiltshire Fire service. We saw documentary evidence from the fire service which deemed the practice safe.
  - We saw the registered manager had implemented a system that would help them effectively monitor and improve the quality of service. A recent X ray audit and patient satisfaction survey had been completed, the results analysed and an action plan formulated. All records were signed and a re-audit date identified.
- Since the last inspection the registered manager had ensured all new and locum staff had completed an induction before they commenced work in the practice. Documentary evidence seen corroborated this. Staff told us they discussed training needs at an annual appraisal. We saw evidence of completed appraisals. We spoke with two staff who told us the appraisal had been helpful and the manager approachable and supportive.
  - Staff training records seen showed they had been reviewed and were now up to date. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.
  - At this inspection we were shown trainee dental nurse records which showed they had regular meetings and supervision with the registered manager. Comments from the employee demonstrated these meetings had been helpful.
  - Staff spoken with told us there was an effective communication system. Practice meeting minutes seen corroborated this.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 7 November 2017.