

Dr. Ian Kendal

# Dentistry@OceanaBoulevard

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Dentistry @OceanaBoulevard on 5 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 Dentistry@OceanaBoulevard on 19 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 safe, effective and well-led care and was in breach of regulations 12,17 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 Dentistry@OceanaBoulevard dental practice on our website [www.cqc.org.uk](http://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 (requirement notice only). 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 safe?
- Is it effective?
- Is it well-led?

### Our findings were:

#### Are services safe?

# Summary of findings

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 19 January 2023.

## **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 19 January 2023.

## **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 19 January 2023.

## **Background**

Dentistry@OceanaBoulevard is in Southampton 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 the principal dentist, 2 dental nurses, 1 dental therapist, 1 practice manager and 2 receptionists. The practice has 3 treatment rooms.

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

The practice is open:

Monday to Thursday 8.30am to 6pm

Friday 8.30am to 4pm

One Saturday per month 10am to 4pm

# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 5 May 2023 we found the practice had made the following improvements to comply with the regulations:

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT), and laser, in particular:

- Routine performance tests and electro-mechanical servicing had been carried out.
- We were shown evidence that the X-ray equipment had been installed safely.
- A Radiation Safety Advisor had been consulted.
- Local Rules had been updated and were available to staff.
- A Laser Protection Advisor and Laser Protection Supervisor had been appointed.
- Laser training had taken place.
- A governance framework for the safe use of lasers had been implemented.
- The window in the doorway of the surgery could now be covered and access restricted when the laser was in operation.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. In particular:

- The Legionella risk assessment had been reviewed and actioned.
- A written scheme of control had been created.
- Hot water was reaching 55Celsius, in all but one outlet. The provider assured us that this would be dealt with in a timely manner.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. In particular:

- A fixed-wiring electrical safety test had been carried out on 31 January 2023 and the condition was found to be satisfactory.
- We were shown a written scheme of examination for the compressor and saw evidence that it had been serviced on 2 February 2023. The autoclave, suction and dental chairs were also serviced at the same time.

Cleaning equipment and hazardous products were now stored in an appropriate manner.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At the inspection on 5 May 2023 we found the practice had made the following improvements to comply with the regulations:

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. In particular:

- Patients would now be cannulated prior to receiving oral sedation.
- Team members involved in the provision of treatment to patients under conscious sedation had taken appropriate life support training.
- We observed that pre-operative checks were carried out and vital signs were monitored throughout recovery until discharge.
- Safeguards were in place to prevent accidental administration of the wrong dose of the sedating agent.
- We observed that the controlled drug, Midazolam was stored securely.

The practice had also made further improvements:

- A second oxygen cylinder had been obtained following an assessment of the practice's circumstances.

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

- The practice had effective systems for assessing the risks relating to the storage of substances hazardous to health, Legionella and radiography.
- Audits of infection prevention and control had been carried out accurately, reflecting the systems and processes within the practice. These were now being carried out at 6-monthly intervals.
- Radiographic audits were completed at the recommended intervals using a sample size appropriate to the service.
- Practice policies had been updated to reflect current guidance and legislation and a system was in place to review them at appropriate intervals.
- Systems were in place to assess staff learning and development needs.
- Recruitment checks had been carried out and records were available for all members of staff following relevant legislation.