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# Copse Lane Dental Surgery

## Inspection report

Copse Lane  
Hamble  
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### Overall summary

We undertook a follow up focused inspection of Copse Lane Dental Surgery on 30 November 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 follow up focused inspection of Copse Lane Dental Surgery on 2 August 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 or well-led care and was in breach of regulations 12 (Safe care and treatment), 16 (Receiving and acting on complaints), 17 (Good governance) and 19 (Fit and proper persons employed) 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 Copse Lane Dental Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

### Our findings were:

#### Are services safe?

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 2 August 2023.

# Summary of findings

## 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 August 2023.

## Background

Copse Lane Dental Surgery is part of South Cliff Dental Group, a dental care provider group.

Copse Lane Dental Surgery is in Hamble and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for people with disabilities, are available on site.

The dental team includes 3 trainee dental nurses, 1 dental hygienist, 4 dental therapists, 3 receptionists, 1 administrator, 1 assistant practice manager and a practice manager (who is a qualified dental nurse). The practice has 5 treatment rooms.

During the inspection we spoke with 1 trainee dental nurse, 1 dental therapist, the practice manager, the compliance manager and one of the partners. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday 8am to 5.30pm

Saturday 8.30am to 5pm

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

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment and facilities are well maintained.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure staff have received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

# Summary of findings

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

We asked the following question(s).

**Are services safe?**

**No action**



**Are services well-led?**

**No action**



# 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 30 November 2023 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the safeguarding processes. We saw the safeguarding policy had been updated with the correct safeguarding lead for the practice. There were also contacts for the local safeguarding team.
- Improvements had been made to the infection control procedures. These reflected current published guidance. This included the storage of sterilised instruments.
- Improvements had been made to the storage of clinical waste. This was kept in a way it would not be accessible to the public.
- Improvements had been made to the processes for managing medical emergency equipment. When we checked the medical emergency medicines and equipment, we found these reflected nationally recognised guidance. The system for checking medical emergency medicines and equipment had been revised and improved.
- Improvements had been made to the recruitment processes. We reviewed a selection of staff personnel files. We saw evidence of documentation to support the provider was following the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted there was no evidence of immunity levels to Hepatitis B for the majority of staff, although there were risk assessments in place. We discussed the importance of obtaining these immunity levels with staff and we were assured it would be addressed.
- Improvements had been made to the skill mix and support for un-qualified staff within the practice. Trainees had a named supervising registrant within the practice. We saw newly employed staff had a full induction and they also confirmed this. This included the location of the medical emergency kit. Clinical staff also had specific infection prevention and control training as part of their induction.
- Improvements had been made to the systems to assess, monitor and manage risks to patient and staff safety. Health and Safety and sharps risk assessments had been updated.
- Improvements had been made to the systems to review and investigate incidents and accidents. Staff described the process in place to report incidents and accidents.
- Improvements had been made to the system for monitoring and tracking staff training. Staff training was recorded on an online compliance system which enabled managers and senior leaders to monitor what training staff had completed.

At the inspection on 30 November 2023 we found the following improvements could be made:

- Improvements could be made to the system for ensuring facilities and equipment are maintained appropriately. We noted there was an unsatisfactory report for the gas boiler from July 2023 and action was required to be taken. Staff were unsure if this had been done. Immediate action was taken to address the recommendation. In addition we noted a 3-year routine test had not been carried out on one of the X-ray machines. We were later sent evidence this had been booked in to be completed. We discussed the importance of having effective oversight of facilities and equipment. We were assured this would be addressed and rectified.
- We noted the majority of staff had only completed online basic life support (BLS) training. The resuscitation council UK advises that staff should complete hands on BLS training. We were later sent evidence that hands on BLS training had been booked to be completed.

# 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 30 November 2023 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the general oversight and leadership of the service. Staff knew who to report concerns to and how to access help and support if required.
- Improvements had been to the processes for managing risks, issues and performance. However, better oversight of equipment and facilities maintenance was required.
- Improvements had been made to the system for quality assurance through audit. We saw evidence of audits of infection prevention control, radiography and dental care records. These all had action plans and learning outcomes. An antibiotic prescribing audit had not been completed as there was currently no dentist working at the practice.
- Since the previous inspection, the provider had overhauled their clinical governance system. We were shown this system and staff were aware of how it worked. Senior leaders told us this system would enable them to have improved oversight of the governance arrangements at the practice. Senior leaders were fully aware this system was still in its infancy and required more time and work to become fully embedded.