

Simply Smiles Manchester Ltd

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Inspection Report

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Overall summary

We undertook a follow up focused inspection of Simply Smiles Manchester Limited on 24 February 2019. 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 was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Simply Smiles Manchester Limited on 12 November 2018 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 and well led care and was in breach of regulations 12 (Safe care and treatment), 17 (Good governance), 18 (Staffing) 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 Simply Smiles Manchester Limited on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?

- Is it well-led?

When one or more of the five 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.

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 12 November 2018.

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 12 November 2018.

Background

Summary of findings

Simply Smiles Manchester Limited is in Salford and provides NHS and private treatment to adults and children. They provide inhalation sedation to adults and children.

There are some steps to access the premises. A portable ramp is available for wheelchair users. Car parking spaces are available near the practice.

The dental team includes one dentist, two trainee dental nurses, two dental hygiene therapists and a practice manager. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Simply Smiles Manchester Limited is the principal dentist.

During the inspection we spoke with the dentists, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 10am to 1:30pm

Tuesday from 2pm to 6pm

Wednesday from 9:30am to 1pm

Thursday from 5pm to 8pm (dental hygiene therapist only)

Friday from 9:20 to 1pm (dental hygiene therapist only)

Sunday from 9am to 12pm

Our key findings were:

- Improvements had been made to the infection control procedures.
- Staff had completed medical emergency training relevant to their roles and medical emergency equipment and medicines reflected nationally recognised guidance
- Systems and processes had been improved in relation to managing the risks associated with the carrying out of the regulated activities.
- Improvements had been made to the recruitment process. Further improvements are still required.
- Improvements had been made to the overall governance arrangements of the service to help ensure compliance is sustained in the longer term.

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

- Review the practice's recruitment procedures to ensure that appropriate checks are completed on part-time staff working at the practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

Improvements had been made to the systems and processes relating to safe care and treatment in the service:

- A fixed wire testing had been carried out.
- A process was in place to receive patient safety and medicines alerts from the MHRA.
- Medical emergency equipment and medicines were available as described in nationally recognised guidance.
- Staff had completed safeguarding training and medical emergency training relevant to their role.
- Prescription pads were stored securely and there was a system in place to manage privately dispensed antibiotics.
- Infection control procedures reflected nationally recognised guidance and logs were maintained of each sterilisation cycle.
- Risk assessments had been carried out for hazardous substances. Gasses used in the provision of conscious sedation were stored securely.
- A sharps injury protocol was displayed in the surgery and decontamination room.
- Improvements had been made to the recruitment procedure. Further improvements were needed especially with regards to part-time staff.

No action



Are services well-led?

We found that this practice was providing well-led care and was complying with the relevant regulations.

The provider had made improvements to the management of the service:

- An X-ray audit had been completed.
- Radiographs were justified and graded.
- Staff had an improved awareness of Gillick competency.
- An adult safeguarding policy was available.
- Improvements had been made to the recruitment procedure. Further improvements were needed especially with regards to part-time staff.

No action



Are services safe?

Our findings

At our previous inspection on 12 November 2018 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 24 February 2019 we found the practice had made the following improvements to comply with the regulations:

- Staff had completed safeguarding training to the correct level. We were shown a safeguarding adult policy which was absent at the previous inspection.
- Improvements had been made to the infection control procedures. We saw that heavy-duty gloves were used when hand scrubbing used instruments, long handled scrubbing brushes were changed on a weekly basis and there was a system in place to log the completion of each individual sterilisation cycle.
- A fixed wire electrical test had been carried out and this showed the condition of the electrical system was satisfactory.
- The provider had carried out Disclosure and Barring Service (DBS) checks and obtained photographic identification on the dental nurses. In addition, we saw evidence that the dental nurses were due to have their Hepatitis B titre levels checked. These checks had been booked in at the beginning of February but had been cancelled by the hospital on two separate occasions. During the inspection we noted there was a part-time

dental hygienist working at the practice. We asked to see evidence of recruitment documentation relating to them. There was no evidence of current GDC registration, up to date indemnity insurance, evidence of immunity to the Hepatitis B virus or a DBS check. These were sought on the day of inspection and we saw evidence of them. We were assured that the recruitment process would be reviewed to ensure all documentation was help relating to all staff working at the practice.

- Staff had completed Immediate Life Support training and emergency medicines and equipment were available as described in nationally recognised guidance.
- Risk assessments had been completed for all hazardous substances. We saw that medical oxygen and nitrous oxide cylinders were stored securely.
- Clinical waste was stored securely in an external clinical waste bin.
- NHS prescription pads were stored securely and there was a system in place to monitor the stock of antibiotics held on site.
- A system had been implemented to receive patient safety and medicines alerts from the MHRA.
- We saw evidence that the dentist justified and graded radiographs.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 24 February 2019.

Are services well-led?

Our findings

At our previous inspection on 12 November 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 24 February 2019 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the overall governance arrangements of the service. These will help ensure compliance is sustained in the longer term.
- Staff had an improved awareness of the principals of Gillick competency.

- Improvements had been made to the recruitment procedure.
- An X-ray audit had been completed and there was an action plan associated with this audit.

The practice had also made further improvements:

- The local rules had been updated and reflected current regulation.
- Dental care records were more detailed and there was evidence of risks and options having been discussed with the patients recorded in the dental care records.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 24 February 2019.