

SimplyOne Dental

SimplyOne Dental

Inspection Report

94 Henrietta Street
Ashton-under-Lyne
Lancashire
OL6 8NX

Tel: 0161 3084129

Website: www.simplyonedental.com

Date of inspection visit: 25 April 2017

Date of publication: 09/06/2017

Overall summary

We carried out this announced inspection on 25 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information of concern.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Simply One Dental is in Ashton-under-Lyne and provides NHS and private treatment to patients of all ages. They also offer implant and sedation services.

The practice is located in a converted three storey terraced property. There is access for people who use wheelchairs and pushchairs. On street parking is available near the practice. The toilet is located on the first floor and is not accessible to wheelchair users.

The dental team includes seven dentists, nine dental nurses, two of whom are trainees and one dental

Summary of findings

hygienist therapist. The clinical team is supported by a practice manager and a receptionist. The practice has four treatment rooms, one on the ground floor, two on the first floor and one on the second floor.

The practice is owned by a partnership 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 One Dental is the senior partner.

On the day of inspection we collected 13 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses 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 to Thursday 9.00 am to 1.00 pm & 2.00 pm to 5.45 pm

Friday – 9.00 am to 1.00 pm & 2.00 pm to 5.00 pm.

Our key findings were:

- The practice appeared clean.
- The practice had infection control procedures which reflected published guidance but these were not consistently followed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice did not have effective systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.

- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. They must:

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. In particular, the risks relating to decontamination procedures, infection prevention and control, expired medicines, assessing the risk from sharps and documenting appropriate action after inoculation injuries.
- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure the practice meets its responsibilities as regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.

There were areas where the provider could make improvements and should:

- Review the arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded or the expiry date for the medicine is adjusted.
- Review the protocols and procedures for use of X-ray equipment in compliance with IRMER 2000 & IRR 1999 and giving due regard to guidance notes on the Safe

Summary of findings

use of X-ray Equipment. The practice should review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

You can see full details of the regulations not being met at the end of this report.

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 safe?

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

The practice had systems and processes to provide safe care and treatment. They did not document appropriate action after incidents to help them improve.

The practice did not receive safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice had suitable arrangements for transporting instruments to and from the decontamination room. The systems for cleaning, checking, sterilising and storage could be improved.

The practice had carried out a sharps risk assessment of the needles and syringes but this did not include the risk from other sharp dental items.

The practice had suitable arrangements for dealing with medical and other emergencies.

We found dental materials and local anaesthetic medicines in each of the four surgeries that had passed their expiry date and staff were not aware.

No action



Are services effective?

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

The practice carried out conscious sedation for patients. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, kind and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Summary of findings

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 13 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and welcoming. They said that staff were accommodating when patients were in pain and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

The practice had recently introduced a proactive approach to ensuring patient satisfaction. All patients who had received treatment were contacted by the practice within 48 hours to enquire if they were comfortable, satisfied with the treatment or had any questions or concerns.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The clinicians provided a 24 hour emergency contact number to triage concerns and offer advice. In addition, the practice was part of a local scheme to provide urgent dental care to two unregistered patients three days per week.

Staff considered patients' different needs. Some reasonable adjustments had been made for patients with disabilities and families with children.

The practice had access to telephone and face to face interpreter services. Staff members could speak Urdu, Pushto, Bengali and Punjabi.

The practice took account of patients views. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

The practice had policies and procedures to support the management of the service and to protect patients and staff but these were not always followed. For example, infection control and decontamination procedures and documenting appropriate action after inoculation injuries.

Systems and processes were not in place to assess, monitor, improve and mitigate the risks relating to infection prevention and control, expired medicines, the control of hazardous substances and assessing the risk from sharps.

Requirements notice



Summary of findings

The practice team kept complete patient dental care records which were stored securely.

The practice audited clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. The practice had not carried out infection prevention and control audits and we identified a number of concerns with the decontamination and infection control processes.



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and we saw several incidents reported by staff. Two recent incidents involved staff who had experienced sharps injuries. Needlestick injuries hadn't been documented appropriately.

The practice told us that they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Recent relevant alerts had not been received and acted upon including an alert relating to Glucagon. The inspector alerted the practice manager on the day of the inspection and the Glucagon in the emergency kit was checked. The practice manager gave assurance that they would ensure that future alerts are received, acted upon and retained for reference. The practice should review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice had carried out a sharps risk assessment of the needles and syringes but this did not include the risk from other sharp dental

items. A safer sharps system had been introduced but not all clinicians were using the safer system. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice but this did not include relevant contact details. The practice manager gave assurance that this would be updated.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff involved with the sedation service completed advanced life support training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure the medicines and equipment were available, within their expiry date, and in working order. Glucagon, which is required in the event of severe hypoglycaemia, was kept in the fridge but the temperature was not monitored in line with the manufacturer's instructions. The practice should review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded or the expiry date for the medicine is adjusted.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.



Are services safe?

Evidence of satisfactory protection against Hepatitis B was not available for 11 clinical staff members. This was brought to the attention of the practice manager to review and risk assess as required.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. We reviewed the COSHH file (Control of Substances Hazardous to Health). The practice retained safety data sheets for all hazardous products but risk assessments had not been carried out. We observed unidentified dental materials were stored in two surgeries.

Dental nurses worked with the dentists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting instruments to and from the decontamination room in line with HTM01-05. The records showed equipment staff used for sterilising instruments was maintained and used in line with the manufacturers' guidance. The systems for cleaning, checking, sterilising and storage could be improved.

The practice had not carried out infection prevention and control audits. We were shown that risk assessments and observations had been carried out on individuals responsible for decontamination processes. We observed staff carry out decontamination processes. Not all relevant staff were familiar with the procedure and workflow in the decontamination room. For example, they did not wash their hands before putting on personal protective equipment (PPE) and staff were using different sinks to manually clean and rinse instruments.

Staff told us that an illuminated magnifying device was available to inspect instruments before sterilisation but this could not be found.

An ultrasonic bath was used to decontaminate instruments before manual cleaning was carried out. There was no process to ensure that the solution in the ultrasonic was changed regularly. Staff told us that the solution was changed when it appeared dirty but we observed the solution in use to be cloudy and heavily contaminated. Staff carried out and documented foil ablation and protein residue testing to ensure the efficacy of the ultrasonic bath. We saw that three of the protein residue tests in August 2016 had failed. Staff explained that the instruments had been reprocessed but this was not recorded.

A new vacuum autoclave had been purchased and installed but not all staff were familiar with the equipment capabilities and the difference between the new device and the existing equipment.

We inspected a range of instruments that had been sterilised. Whilst some appeared discoloured we observed that instruments were visibly clean. Staff did not ensure that instruments including matrix retainers with bands and surgical scissors stored unpouched in the surgery drawers were reprocessed at the end of each day.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff responsible for regular checks had received training.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had systems for prescribing, dispensing and storing medicines. We found dental materials in each of the four surgeries and a total of 29 vials of local anaesthetic that had passed their expiry date. Staff were not aware. We brought these to the attention of the practice manager. The expired products were removed from the surgeries immediately and disposed of.



Are services safe?

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. They had the required information in their radiation protection file. We reviewed the reports from the most recent critical examinations of the equipment. There were recommendations for two of the X-ray machines located in surgeries two and four, namely to review dosage settings, review the position of equipment isolation switches and identify whether an internal wall was a radiation barrier. Staff were unsure whether the recommendations had been acted upon. We advised the practice manager to discuss the recommendations with the clinical lead and the practice's Radiation Protection

Advisor. The practice should review the protocols and procedures for use of X-ray equipment in compliance with IRMER 2000 & IRR 1999 and giving due regard to guidance notes on the Safe use of X-ray Equipment.

The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The procedures showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals.

Two dental nurses with appropriate additional training supported dentists treating patients under sedation.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay for each patient.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction and observation based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. The practice carried out audits on referrals which ensured a consistent approach.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, helpful and welcoming. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The open plan layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines in the waiting areas. Patient information was available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves that patients understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants and sedation.

The practice had recently introduced a proactive approach to ensuring patient satisfaction. All patients who had received treatment were contacted by the practice within 48 hours to enquire if they were comfortable, satisfied with the treatment or had any questions or concerns.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Promoting equality

The practice thought that a disability access audit had been carried out but this could not be located. Some reasonable adjustments had been made for patients with disabilities. These included step free access and a hearing loop. The toilet was located on the first floor and was therefore inaccessible to wheelchair users. Other reasonable adjustments such as installing hand rails for patients with limited mobility had not been made. Information about this was not made available to patients but staff told us they would inform patients verbally. The practice should review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

Staff said they could provide information in different formats and languages to meet individual patients' needs and staff members could speak Urdu, Pushto, Bengali and Punjabi. They had access to interpreter/translation services which included British Sign Language.

Access to the service

The practice displayed its opening hours on the premises, in their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for this. The clinicians provided a 24 hour emergency contact number to triage concerns and offer advice. Staff told us that this service was not regularly used by patients. In addition, the practice was part of a local scheme to provide urgent dental care for two unregistered patients three days per week. Staff told us they had a good working relationship with the central appointment office who were responsible for booking patients and providing information to the practice. The website, information leaflet and answerphone provided an online contact form and telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Patients were sent text message reminders for upcoming appointments.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies and procedures to support the management of the service and to protect patients and staff but these were not always followed. For example, infection control, decontamination procedures, ensuring staff immunity status and documenting appropriate action after sharps injuries. Systems and processes were not in place to assess, monitor, improve and mitigate the risks relating to infection prevention and control, expired medicines, COSHH, and assessing the risk from sharps.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

During the inspection the provider was responsive to feedback and actions were taken quickly to address our concerns. Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. The practice held a daily informal meeting to discuss and share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, referrals, oral cancer and soft tissue checks, NICE recalls, clinical decision making and missed appointments. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice had not carried out six monthly infection prevention and control audits and we identified a number of concerns with the decontamination and infection control processes.

The partners and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice proactively contacted patients after treatment to obtain patients' views about the service. They were developing a system to email patients who opted into the system to receive post treatment instructions and a patient evaluation. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The latest results showed that 100% of 25 responders would recommend the service.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at SimplyOne Dental were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The provider did not carry out infection control audits or ensure that staff followed infection control and decontamination procedures.• The provider did not have a system in place to identify and dispose of local anaesthetic medicines that had gone out of date.• The provider did not carry out COSHH risk assessments or ensure that all hazardous substances were stored and handled appropriately. <p>Regulation 17(1)</p>