

SimplyOne Dental

# SimplyOne Dental

## Inspection Report

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

Tel: 0161 3084129

Website: [www.simplyonedental.com](http://www.simplyonedental.com)

Date of inspection visit: 3 August 2017

Date of publication: 31/08/2017

### Overall summary

We carried out an announced follow up focused inspection on 3 August 2017 to ask the practice the following key question; Are services well-led?

We had undertaken an announced comprehensive inspection of this service on the 25 April 2017 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches.

We reviewed the practice against one of the five questions we ask about services: is the service well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SimplyOne Dental on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We revisited SimplyOne Dental as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We checked these areas as part of this follow-up inspection and found this had been resolved.

#### **Our findings were:**

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

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

#### **Background**

SimplyOne 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 hygiene 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 SimplyOne Dental is the senior partner.

During the inspection we spoke with the registered manager and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

# Summary of findings

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 was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice had systems to help them manage risk.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.

# 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?**

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

Appropriate actions had been taken to address the concerns raised during the inspection. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

The practice had reviewed policies, procedures and risk assessments and updated these in collaboration with staff to support the management of the service and to protect patients and staff.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice monitored 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.

**No action**



# 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 reviewed policies, procedures and risk assessments and updated these to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. For example, staff had received additional training in infection prevention and decontamination procedures. We observed staff carrying out decontamination procedures in line with current guidance. We saw that all sterilised instruments were stored appropriately. The practice had carried out an infection prevention and control audit and there were plans in place to ensure these were carried out on a six monthly basis.

The practice had taken steps to confirm that all relevant staff were appropriately immunised against Hepatitis B; Precautionary measures had been taken to protect staff where the immunity status was not yet confirmed.

The practice had reviewed the processes for reporting, recording and investigating incidents in the practice and new incident reporting forms had been implemented to ensure that investigations and actions were recorded appropriately.

The practice were in the process of carrying out Control of Substance Hazardous to Health (COSHH) risk assessments for all hazardous products. Staff had implemented checklists to ensure that expired medicines, and dental materials were disposed of.

The practice had carried out a sharps risk assessment and implemented safer sharps for staff.

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

### Leadership, openness and transparency

We found the practice had been open to the feedback at the initial inspection and discussed the findings of the inspection with staff. On our return we found that appropriate actions had been taken to address the concerns raised during the inspection. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology 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 and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.