

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Marketgate Dental Practice

Marketgate, Lancaster, LA1 1JF

Tel: 0152432630

Date of Inspection: 23 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr. Roger Shimmin
Overview of the service	Marketgate dental practice is situated in Lancaster town centre. There are several surgeries and several dentists working in the practice. The practice is situated on the first floor and is not accessible to people with mobility problems. The practice caters for all dental care needs, providing private care to children and adults. Treatments offered include everything from regular check-ups to cosmetic treatments.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with a range of people about the service they received. They included dentists, the Practice Manager, Dental Nurses, and people who used the service.

People we spoke with during the inspection told us they were very satisfied with the care provided and they saw their dentist regularly. They told us the service they received was first class.

People said that the dentist always explained what he was planning to do, what he had found during examination and what the treatment options were. One person told us, "The dentist always explains what he needs to do and why." Another person said, "I ask a lot of questions and she gives me detailed answers."

People told us they found staff polite and welcoming. One person told us, "They are always pleasant and cheerful." Another person said, "They are fantastic."

The practice facilities were clean and maintained. People were protected from the risk of infection because staff used protective clothing and carried out procedures safely.

Staff received regular training and support and were qualified, skilled and experienced. They told us they were very happy working at Marketgate dental practice and felt very well supported.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We looked at three care and treatment records. These showed that people had their medical history checked during each consultation. We saw evidence in the records we viewed of discussion regarding treatment choices, medical risk assessments and advice given.

People we spoke with during the inspection told us they were very pleased with the care provided and they saw their dentist regularly. One person told us the service was first class.

People told us that they were able to express their views and were involved in decision making about their treatment and care. One person told us, "We talk about different choices and their effectiveness." It was clear that the provider listened to people's views. A recent survey showed some people wanted the surgery to be open for longer hours. As a result there are some lunchtime and some evening appointments available.

People said that the dentists always explained what they were planning to do, what they had found during examination and what the treatment options were. The records we saw confirmed that this was the case. One person told us, "The dentist always explains what he needs to do and why." Another person said, "I ask a lot of questions and she gives me detailed answers."

We saw one dentist diffuse a difficult situation where there was disagreement in the family over the proposed treatment. The dentist quietly and calmly explained the options and suggested that they discuss this and let the surgery know the outcome.

We saw staff being friendly, respectful and polite when speaking to people. People told us they found staff polite and welcoming. One person told us, "They are always pleasant and cheerful." Another person said, "They are fantastic."

The people we spoke with confirmed their consultations were conducted with the dentist in

the privacy of the surgeries. During the inspection we saw that there were a variety of information leaflets available for people. This included detailed easily understood fact sheets. This gave people the information they needed so they could make informed choices.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the treatment records for three people and saw that relevant information regarding dental examinations was recorded. All treatment records were maintained using a secure system. This meant patient information was safe and remained confidential to those with authorised access. The records were informative and showed an initial assessment and treatment plan. This was then followed up by agreement with the individual.

We found evidence of records about examination, treatment planning, preventative dental care and advice. There was evidence in the records that people were involved in deciding on their treatment. One person said, "The dentist talks me through what she is going to do". People told us they usually received their appointments on time. They added if there was a delay it was because of an emergency and staff explained why there was a delay. People also said if they needed urgent treatment the reception staff would always try to fit them in.

The practice had appropriate equipment to support people in the event of a medical emergency. The service had a defibrillator, an emergency drugs kit and oxygen available. Emergency drugs were available in the event of people being taken ill during treatment. These were checked at regular intervals to ensure that the drugs were in date. The emergency kit was stored in an accessible cupboard in an area of the practice easily accessible to all staff along with the first aid kit. There were records of the oxygen cylinder being checked to ensure that the flow meter was in working order. These checks confirmed there was a sufficient level of oxygen available in the event of an emergency. We were told the dentist involved would take the lead should a medical emergency situation arise.

Staff told us about a situation in which they had needed to use their emergency equipment and procedures. Staff dealt with this appropriately and effectively. They felt confident in their ability to deal with emergency situations should they occur in the future.

The people we spoke with during our visit said they were very happy with the care and treatment they received. A young person told us the dentist always talked to them as well as explaining things to their parents. Another person told us, "The dentist is patient and



thorough".

People said they were confident the treatment they received was always the best and most suitable. One person said, "The whole family come here and we are very satisfied." Another person told us, "I changed to this practice a few years ago and I am very satisfied."

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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The practice had a child protection and vulnerable adults' policy in place. This included information about identifying signs of abuse, recording and reporting concerns to relevant organisations. Staff told us that they had recently received training on safeguarding children and vulnerable adults. Staff training records confirmed safeguarding training of children and vulnerable adults had been completed and formed part of their continuing professional development.

The practice had an information file about safeguarding which had contact details for reporting concerns. We asked staff how they would react if they had any concerns about possible abuse. Staff we spoke with told us they would immediately report any concerns. They told us they were confident they would be supported if they had to take this action. People told us they felt comfortable and safe during treatments and that their consent was sought for all treatments undertaken.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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When we visited the practice facilities were clean and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in the surgeries.

Staff wore personal protective equipment when working in the surgery or when carrying out decontamination procedures. There were sharps boxes for the safe disposal of needles, used in injections, in each surgery room that were appropriate and not overfilled. We saw evidence that protective equipment, including eye goggles, face masks and gloves were available for staff to use when caring for and treating people. The surgery had a designated member of staff responsible for infection control.

There was a separate decontamination/ sterilisation room (local decontamination unit). The practice used manual washing, inspection, lubrication and sterilisation. During our inspection we were shown the decontamination process undertaken by the nurses.

All staff were involved in cleaning areas of the dental practice and had sufficient time to do this. We saw cleaning schedules and audits in place. All fixed equipment and protective equipment was cleaned between each patient, so that people were protected from the possibility of cross infection.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### **Reasons for our judgement**

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We looked at the staff training records which confirmed that all staff had access to a structured training and development programme. Staff used a combination of in house training and external training so that staff had frequent and varied instruction.

Staff told us of training they had attended recently. They said that the provider was supportive and encouraged them to attend training courses. One member of staff said, "We always given opportunities to develop our skills." Staff told us that one member of staff had qualified as an oral health educator, with the support of the provider and provided this service in the practice. Another member of staff told us how she had been encouraged to start training as a dental nurse.

Staff told us they felt well supported. They had regular supervision and annual appraisals. There were also regular staff meetings. These measures ensured that the people in their care were being supported by a well trained and competent staff team.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.



## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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