

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

## Market House Dental Surgery

Market Place, Chalfont St Peter, Gerrards Cross,  
SL9 9HA

Date of Inspection: 18 February 2013

Date of Publication: March  
2013

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

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

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Dr. Colin Harris
Overview of the service	Market House Dental Surgery provides both NHS and private treatment, including hygienist services, cosmetic and implant dentistry to adults and children. The service is located on the first floor of the premises in Chalfont St Peter, in Buckinghamshire.
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 18 February 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with six people during our visit. People told us "the dentist was very thorough when explaining treatment... he provided me with the options and gave me time to think before deciding." Another person told us "the dentist has been absolutely wonderful to my kids...he always explains in detail and is very nice and kind".

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. People told us "my dentist always discusses with me the treatment plan and the options available to me before any treatment starts" and another person told us "the dentist is very thorough when he explains the process to both my kids and myself." A new patient who had recently joined the practice told us "I made the best decision to come to this practice...nothing is missed, the dentist discussed every single option available to us."

People we spoke with, during our visit, mentioned that they were confident that they received safe treatment at the practice and had no concerns.

People we spoke with told us that they would feel confident to make a complaint if they needed to. Comments included "I have been coming here for 20 years and I never had the need to make a complaint" another person told us "I use the practice for my kids...they love coming here so I have had no reason to complain."

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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During our visit we reviewed four patient records. We saw evidence that the dentist discussed with people treatment options and what the agreed plan and likely costs were. People were made aware that the costs could change, if the treatment plan needed to be amended or variations were required during the treatment. If this was the case, the dentist would then advice about the changes and the costs involved before continuing treatment. There was a clear distinction between costs related to NHS or private dental work. Patients provided verbal consent and the consent was documented by the dentist to confirm that they understood the treatment plan and likely costs. We noted written consent was taken for the more complicated and intricate treatment plans. This ensured people who use the service understood the care and treatment choices available to them.

The dentist told us that children were encouraged to be involved in decisions about their care. Questions and explanations of treatments were discussed with children in an appropriate and child-friendly manner. This ensured children expressed their views and were involved in making decisions about their care and treatment.

We spoke with six people during our visit. People told us "the dentist was very thorough when explaining treatment... he provided me with the options and gave me time to think before deciding" another person told us "the dentist has been absolutely wonderful for my kids...he always explains in detail and is very nice and kind to the children". This ensured people expressed their views and were involved in making decisions about their care and treatment.

In addition, people we spoke with told us that staff treated them respectfully and courteously. We observed the reception staff having friendly, appropriate conversations with patients, and helping them to make appointments at times that best suited them. People's comments included "the current receptionist is very polite and helpful", "I am very delighted that I decided to bring my children here because the dentist is excellent" and another person told us "my children love coming here as they always leave with a positive experience."

We noted that there was a comments box with forms available in the reception areas. We saw a 'Patient Information Leaflet' was available to patients in the reception area, which included information such as the services offered by the practice, how to obtain an appointment and the facilities such as car parking available to patients. Information on surgery times was prominently displayed as were the complaints and quality policies.

The dentist confirmed to us that the surgery was flexible when accommodating patients who required an emergency or unanticipated service.

**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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During our visit we reviewed four computerised patient records. These included details of dental and general advice provided to people. We saw patients were required to complete a medical history form and these were signed by the patient or their representative. These contained information about any treatment they were receiving from GP or from the hospital and any medication that they were taking. We were told by the dentist that patient's were asked regularly for any changes in personal or medical information, which was then updated on the patients record notes. This ensured care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We saw personalised treatment plans had been developed and reviewed regularly. We saw detailed records of dental examination. All complex treatments were detailed in a letter to the patient including photographs and x-rays where necessary. People were given information about the proposed cost of treatment.

The practice staff demonstrated to us how they would access the equipment and medication in place for use in an emergency. These were regularly checked by the principal dentist for expiry dates and a schedule detailing this process was in place. During our visit we were shown the most recent training certificates confirming that staff, who work in the practice, had received annual basic life support and medical emergencies training, to enable them to take appropriate action in an emergency.

Staff also demonstrated their understanding of how they would record and respond to any adverse patient incidents. They were also able to explain to us the steps taken to maintain a regular check on the stock of dental instruments available during surgeries.

**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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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. The practice had child protection and safeguarding vulnerable adults policies in place. The surgery had details of the local authority's procedures, the out of hours emergency contact details and details of how to report any allegations or incidences. We were told by the dentist that the practice had a designated safeguarding lead within the team. The lead was responsible for ensuring the procedures for safeguarding children and vulnerable adults are kept up to date and was the first point of contact when concerns were raised.

We spoke with four staff members who showed a good understanding and knowledge of safeguarding people from abuse. They knew how to recognise the signs of abuse and that they should report all cases of concern to the appropriate safeguarding team. Staff told us that all of their consultations were conducted with at least two of them in the room at any one time. They said this would enable them to discuss any concerns with each other before contacting the safeguarding team. They also told us that they would discuss any concerns with the principal dentist or practice manager. This ensured the provider responded appropriately to any allegation of abuse.

The people we spoke with, during our visit, mentioned that they were confident that they received safe treatment at the practice. One person, who had been a long standing patient of the practice, said that they never felt unsafe while receiving care at this practice.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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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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There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work. The manager told us the practice had a relatively small team and most staff members had been working for the practice for several years. We reviewed four recruitment personnel files, which showed us the correct checks had been performed by the service prior to staff commencing work. These included confirmation of identity, criminal records bureau check and personal information including a photograph. We saw that references had been requested and received. We noted each file had an up-to-date Curriculum Vitae (CV) which showed full employment history and educational qualifications. We saw that references had been requested and received for new staff members. This ensured people were looked after by staff who were of good character and had the appropriate qualification and skills to perform their duties.

During our visit people described the staff as "absolutely brilliant", "very good" and "my dentist is excellent, he is extremely thorough during the consultation."

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately

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**Reasons for our judgement**

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People were made aware of the complaints system. We saw a 'Patient Information Leaflet' and the staff explained this was available to everyone using the practice. It explained their rights and how they could raise their concerns if they weren't happy. Patients were also made aware that they could request a copy of the complaint procedure, if they wished to register a complaint.

During our visit we saw the complaints policy was prominently on display on the surgery's notice board and there was information on how people could make comments, suggestions or complaints to the surgery. There was a suggestions and comments box with cards for submission in the general reception area. Staff told us they received positive feedback, although only a small number had been submitted.

People we spoke with told us that they would feel confident to make a complaint if they needed to. Comments included "I have been coming here for 20 years and I never had the need to make a complaint" another person told us "I use the practice for my kids...they love coming here so I have had no reason to complain."

During our visit we reviewed the complaints log which included two written complaints. The records included evidence of the investigation and action which had been taken to address them. We noted both complaints had been investigated on the same day the complaint was received and written response was provided explaining the outcome within five days. This showed people's complaints were fully investigated and resolved, where possible, to their satisfaction.

## 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us at:  
Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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