

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

## Lingley Road Dental Surgery

3 Lingley Road, Great Sankey, Warrington, WA5  
3PG

Tel: 01925722001

Date of Inspection: 25 September 2013

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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

**Cleanliness and infection control** ✓ Met this standard

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

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Dr. Elizabeth Marsden
Overview of the service	Lingley Road Dental Surgery is situated in the Great Sankey area of Warrington close to local public transport routes. The service provides dental care and treatment for all the family both NHS and privately funded.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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 announced inspection.

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### How we carried out this inspection

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We carried out a visit on 25 September 2013, observed how people were being cared for, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke with patients who use the service. They told us that they were happy with the service they received. Their comments included "generally happy with the service"; "lovely, always treated with respect" and "staff are excellent, they are very caring."

Patients spoken with told us that the care they experienced was good. Their comments included "really, really good, staff very approachable", "flexible" and "personalised service".

Patients spoken with told us that the surgery was always clean and that they were always offered protective equipment, for example, aprons and goggles for use whilst they were receiving treatment. Patient's comments included "always very clean"; "immaculate, always very clean" and one patient told us that "you know that they are cleaning the surgery in between patients."

We saw that the provider had systems in place for the safe care and treatment of patients who used the surgery.

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 privacy and dignity were respected.

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### Reasons for our judgement

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We spoke with patients who use the service. They told us that they were happy with the service they received. Their comments included "generally happy with the service"; "lovely, always treated with respect" and "staff are excellent, they are very caring."

Patients who used the service understood the care and treatment choices available to them. They told us that they were given information about their treatment and that staff always discussed what treatment plans were available. Patients told us that they were always informed of the cost of their planned treatment.

We saw that information relating to treatment options; cost of treatment and health education were available in the waiting area of the premises.

The practice had two treatment rooms, both of which were situated on the ground floor of the building along with accessible toilet facilities. We saw that doors were closed when patients were in receipt of treatment to maintain people's privacy and dignity. In addition to the waiting area, a conservatory with seating was also available for patients to wait for their appointment and to discuss their treatment in private. Patients spoken with confirmed that staff always treated them in a manner that was respectful.

Each treatment room contained protective equipment for the comfort and safety of patients. Patients spoken with told us that they were always offered this protective equipment.

We saw that computer screens used in the reception area were arranged so they could not be read by patients. We saw that the computerised record system protected people's personal information. Access to patient records was restricted, for example, only dentists had full access to the information on the computer system. Dental nurses had access to dental records and other information needed for them to carry out their role safely.

**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.

Care and treatment was planned and delivered in a way that helped ensure patient's safety and welfare.

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**Reasons for our judgement**

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Patients spoken with told us that the care they experienced was good. Their comments included "really, really good, staff very approachable", "flexible" and "personalised service".

We looked at the electronic records system and saw that people's contact details; known allergies; dental and medical history was recorded. Patients spoken with confirmed that they were regularly asked if their medical needs had changed. The recording system had the opportunity for staff to place alerts on people's files. For example, if a patient required a particular treatment to be carried out in a specific manner due to cultural or religious reasons an alert would show on the recording system to remind staff prior to the treatment commencing.

Staff spoken with demonstrated a good awareness of patient's specific needs. For example, one nurse told us of one patient who they always ensured that their appointments were booked for the end of the day as this supported their specific need of having a quiet environment. In addition, staff gave examples of situations in which they had advised people on oral care. For example, advising young children on appropriate teeth brushing regimes.

Patients are asked to sign their consent to treatment at the beginning of visits. We saw that the service had a clear process for ascertaining patients consent to treatment.

Staff spoken with demonstrated a good awareness of oral health promotion. Patients told us that they were regularly given free trial products to promote oral health.

The practice uses diagnostic x-ray equipment and we saw that a satisfactory radiation protection advisors certificate had been completed. In addition we saw certificates were available to demonstrate that safe practices and management in the use of equipment. For example, a Health Protection Agency critical examination and acceptance test report.

Emergency equipment was readily available which included oxygen; defibrillator and first aid equipment. Staff told us that the equipment was checked on a regular basis to ensure it was fully functional. Staff spoken with were aware of where the emergency equipment

was stored.

Information and guidance was readily available to the staff team from the British Dental Association and the National Institute of Clinical Excellence (NICE).

**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.

Patients who used the service were protected from the risk of abuse, because the provider was taking 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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A clear complaints procedure was available. Patients spoken with told us that they had no complaints about the service they received. They told us that if they did have a concern they would speak to the provider as they were confident that any concerns would be addressed.

We saw that a detailed safeguarding policy was available in relation to child protection and vulnerable adults. Comprehensive information was available in relation to child protection and guidance for staff on what action to take if they suspected that a child was at risk from harm.

We spoke at length to two staff who demonstrated a good awareness of protecting children and adults and what constituted abuse. Following the discussion staff demonstrated a commitment to obtaining a copy of the local authorities safeguarding vulnerable adults procedures.

Staff told us that the service were in the process of sourcing further awareness training in relation to safeguarding vulnerable adults.

It was the procedure within the service to obtain Vetting and Barring disclosures (previously known as Criminal Record Bureau disclosures) for all newly recruited staff whose role it was to have immediate contact with patients. These checks help ensure that persons unsuitable to work with children and vulnerable people were not employed in the practice.



**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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Patients spoken with told us that the surgery was always clean and that they were always offered protective equipment, for example, aprons and goggles for use whilst they were receiving treatment. Patient's comments included "always very clean"; "immaculate, always very clean" and one patient told us that "you know that they are cleaning the surgery in between patients."

We looked around the two surgeries; the waiting areas; reception; the staff room and the surgery decontamination area. Everywhere looked clean and tidy.

There were effective systems in place to reduce the risk and spread of infection. A member of staff demonstrated the processes in place for the decontamination of reusable instruments. We saw that a dirty to clean flow system was in use which included the uses of a sink from cleaning and rinsing instruments. Instruments were then decontaminated in autoclaves and packed for re-use. Protective equipment was available for staff carrying out the decontamination processes. At the time of our visit the provider was considering the development of a specific room for the sole purpose of decontaminating equipment.

We saw records that regular checking and monitoring of decontamination equipment took place. The service had a lead nurse for decontamination who told us that they regularly monitored the checks carried out on the equipment. The lead decontamination nurse attended the local health service meetings with other providers for updates on good practice.

We saw that policies and procedures were in place to minimise the risk from harm to people, for example, we saw that a risk assessment for needle stick injuries was in place and clear information in relation to the Control of Substances Hazardous to Health (COSHH).

## 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.

Appropriate systems were in place to recruit staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. The provider was responsible for the recruitment of dentists and dental nurses for the service. In addition, the service also had dental nurse cadets working at the surgery whose recruitment checks were carried out by the cadet scheme prior to the placement commencing.

Appropriate checks were undertaken before staff began work. We looked at the recruitment files of the two most recently recruited staff members. We saw that the documentation included curriculum vitae; written references; evidence of identification and training and an up to date immunisation record.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had effective systems in place to assess and monitor the quality of the service that patients received.

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### Reasons for our judgement

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Patients told us positive things about the service they received. Their comments included "best dentist I've ever been to"; "excellent service" and "120% satisfaction."

The provider had effective systems in place to monitor and assess the quality of service that people received. We saw that the provider had carried out a patient satisfaction survey. The survey asked patients to comment on the service they received. For example, the general appearance of the surgery; practice personnel; what attracted people most to the surgery and what they least liked about the surgery. Staff told whenever possible they changed things to meet people's needs. They gave an example of a patient requesting higher seating which was addressed by purchasing new chairs.

We saw that audits of patient waiting times and patient records had taken place. These audits were in addition to the more regular audits of hygiene and decontamination. A dental nurse had the lead role of monitoring and updating policies and procedures within the surgery.

The service had developed several ways in which to share information with patients and further obtain patients views. For example, the practice produced a newsletter; had a website and had recently launched a page on a social media site.

A British Dental Association assessment of the service had taken place in 2012 in which the service had scored a high percentage of compliance. Staff demonstrated what action they had taken to address the recommendations of the assessment

Staff told us that they were able to discuss the service at the monthly staff meeting. We saw that a record of the subjects discussed at these meeting was maintained.

We saw that patients' personal information was stored appropriately. Computer based records were accessible by staff only and lockable facilities were available for paper records.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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