Dr Bridget Murphy

Dr B K Murphy and Associates

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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 providing well-led care in accordance with the relevant regulations.

Background

Dr B K Murphy and Associates provides primary dental care, such as treating tooth decay and gum disease to adults and children. The practice mainly provides services to NHS patients, as well as a small amount of private dentistry, to patients in the town of Rainham, near Gillingham in the Medway area of Kent.

The practice has two dental surgeries, each with a waiting area for patients, which are located on the ground and first floor of the premises. The practice also has a dedicated room for the decontamination of instruments and equipment.

The practice staff include the practice owner (principal dentist), two further dentists, a practice manager / receptionist, a dental nurse, and three trainee dental nurses / receptionists. Dental services are provided Monday to Friday from 9am until 5.20pm, with extended opening on Tuesday evenings until 7.20pm.

We talked to four patients, who told us that the practice offered an excellent service and that staff were caring, helpful and friendly and that they were always treated with dignity and respect. All commented that staff explained things well and that they felt able to ask questions about their treatments. We also received 48

Summary of findings

comment cards from patients who had completed these prior to the inspection. All comments were positive about the practice, the treatment received and were also complimentary about the staff.

Our key findings were:

- There were effective systems to reduce the risk and spread of infection and we found that all treatment rooms and equipment appeared clean.
- Patients were involved in decisions about their care and treatment and were provided with sufficient information about the different treatment options available to them.
- We observed that staff were kind and caring, and helped patients to feel at ease.
- There were systems and processes to check that equipment had been serviced regularly, including the autoclave, x-ray equipment and the emergency medical oxygen cylinder.
- Staff were aware of safety systems and reporting procedures in line with current regulations and guidelines.
- Patients' received regular assessments of their gum health at intervals determined by their individual needs.
- The practice ensured staff maintained the necessary skills and competencies to support the needs of patients.
- There were good communication systems amongst the practice staff, who worked as a team.

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

- Review the condition of the coving around the edge of some areas of the floor in the first floor treatment room to maintain effective cleaning in the control and prevention of the spread of infection.

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 for the management of infection control, clinical waste and medical emergencies. Staff had received training in safeguarding and there were processes to safeguard vulnerable adults and children. The equipment used in the practice was well maintained in line with current guidelines, including the equipment used for dental radiography. There were systems for identifying, investigating and learning from incidents and responding to national patient safety alerts. The staffing levels were safe for the care and treatment provided.

Are services effective?

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

The practice provided dental care and treatment that focussed on the needs of individual patients and followed current guidelines. Patients were given appropriate information to support them to make decisions about the treatment they received and to promote their oral health. Consultations were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and the General Dental Council (GDC). Patients received a comprehensive assessment of their dental needs and their medical history was kept up to date. Staff were supported by the practice in their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

Patients told us (through discussion and comment cards) that they found the practice caring and supportive. They said they were listened to, treated with respect and were involved in discussions about their treatment options, which included risks, benefits and costs. We observed that staff were helpful, kind and considerate to the needs of individual patients.

Are services responsive to people's needs?

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

Appointment times met the needs of patients, who were able to access treatment and urgent emergency care when they required it. Patients with mobility issues were directed to other local dentists as the practice could not accommodate them. The practice had systems inviting feedback and comments from patients and the complaints procedure was readily available.

Are services well-led?

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

There were effective clinical governance and risk management systems. The practice management were approachable and staff felt supported and able to raise any concerns with senior members of staff. Regular staff meetings were held and staff were encouraged to make suggestions for improvements. There was a pro-active approach to dealing with safety issues and the practice used these to learn and made improvements. The practice took into account the views of patients via feedback from patient questionnaires, as well as comments and complaints received when planning and delivering services.

Dr B K Murphy and Associates

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection of Dr B K Murphy and Associates on 30 June 2015. Our inspection team was led by a CQC Lead Inspector and included a dental specialist advisor.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England and the local Healthwatch, to share what they knew. We did not receive any information of concern.

During our visit we spoke with a range of staff (the principal dentist, a further dentist, the practice manager and two dental nurses) and spoke with four patients and reviewed 48 comment cards completed by patients. We reviewed information, documents and available records.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received. The staff we spoke with were aware of the process for reporting accidents and incidents, including the requirements in relation to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) and we saw information available for staff guidance.

Incidents and safety issues were discussed in staff meetings and actions taken where necessary to minimise risks to patients and to help prevent a re-occurrence. These included national patient safety alerts, which were disseminated to all practice staff when relevant to the practice, and we saw examples of discussions and actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for child protection and safeguarding vulnerable adults. These included the contact details of relevant safeguarding bodies and were available for staff to refer to if they needed to report any concerns. All staff we spoke with told us they were up to date with training in safeguarding and records confirmed this. Staff were able to describe the different types of abuse patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy and staff demonstrated knowledge of the contents and the procedure to follow if they needed to raise a concern with external organisations.

Other safety systems and processes had been implemented by the practice, including the safe management of sharps (needles and sharp instruments) to minimise the risk of inoculation injuries to staff. The dentists in the practice also routinely used a 'rubber dam' system when providing root canal treatment to patients. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

There were arrangements for managing medical emergencies. Emergency medicines and equipment were available and accessible, including medical oxygen and an automated external defibrillator (AED) (a device used to attempt to restart a person's heart in an emergency). Records showed that all staff had received training in basic life support. Emergency medicines and equipment were in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF), including face masks for both adults and children. Staff knew the location of the equipment and medicines and they were checked regularly.

The practice had a written protocol for managing medical emergencies and the staff we spoke with demonstrated that they knew how to respond if a patient suddenly became unwell.

Staff recruitment

The practice had policies and other documents that governed staff recruitment, for example, a recruitment policy. The staff files examined contained comprehensive information in relation to the recruitment process and the employment of staff. For example, identity checks, references and qualifications.

Appropriate checks had been made before staff commenced employment including evidence of

professional registration with the General Dental Council (where required) and criminal record checks with the Disclosure and Barring Service (DBS) had been carried out.

Monitoring health & safety and responding to risks

The practice had a health and safety policy to help keep patients, staff and visitors safe and was available and accessible to all staff in the practice. Information was displayed for staff guidance and the practice had a designated health and safety lead representative.

There was a record of identified risks and action plans to manage or reduce risks. For example, a fire risk assessment had been undertaken that included actions required in order to maintain fire safety such as fire safety action signs throughout the building. Fire extinguishers had been recently replaced and staff knew how to respond in the event of a fire.

The practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH)

Are services safe?

and maintained a comprehensive COSHH file. Each substance used at the practice that had a risk was recorded and graded as to the risk to staff and patients. There were measures to reduce such risks such as the wearing of personal protective equipment and safe storage.

Infection control

The premises were clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control. The practice had an identified infection control lead, who had undertaken specific training to help them carry out this role. All relevant members of staff were up to date with infection control training and the practice had a system that monitored and recorded the hepatitis B status of clinical staff.

We found the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. There was a written infection control policy which contained a range of procedures that was accessible to staff, including minimising the risk of blood-borne virus transmission, hand hygiene, and the decontamination of dental instruments. There were sufficient supplies of cleaning equipment, appropriately stored. The practice had cleaning schedules that detailed the areas cleaned and the frequency. An infection control audit had been completed by the practice in February 2015 and an action plan had been implemented to monitor required follow-up actions. For example, a date for hand hygiene update training had been confirmed for all relevant staff.

The treatment rooms in the practice had hard floor coverings so that spillages were easily cleaned, although there was one area of flooring in the first floor treatment room that had not been fully coved to the skirting board, which may have compromised effective cleaning. All surfaces of the dental chairs were intact and covered in non-porous material, which enabled effective cleaning, although a cup holder attached to the dental chair in the first floor treatment room was damaged and constituted an infection control risk. This was addressed during the inspection. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. Personal protective equipment (PPE) including disposable gloves, aprons, face masks and visors were available for staff to use.

Dental instruments were cleaned and decontaminated in a dedicated decontamination room. This was laid out appropriately with clear separation of the dirty instruments entering the room and the clean sterile instruments coming out of the autoclave (an autoclave is a piece of equipment that treats instruments at high temperature to help ensure any bacteria are killed). Staff demonstrated a clear understanding of the process used for cleaning and sterilising instruments. The process followed current guidance and appropriate personal protective equipment was worn throughout the procedure. There was a system to help ensure that reusable items of equipment were only used for one patient before being decontaminated and sterilised. The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and records showed that the equipment was in working order and being effectively maintained. Dental instruments which had been taken through the decontamination process were ready for use in each of the dental consulting rooms. Instruments were stored in sterile pouches and contained expiry dates indicating by which time they should be used. All the instruments we saw in the treatment rooms were within their expiry dates. Sterilised equipment and used items had been kept separate and clean items were stored in hygienic conditions to reduce the risk of recontamination.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

Dental waterlines were maintained in accordance with current guidelines to prevent the growth and spread of legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). A legionella risk assessment had been carried out by a specialist contractor and regular tests and checks of water systems were recorded.

Equipment and medicines

Are services safe?

The practice had systems to check that equipment had been serviced regularly, including the suction compressor, autoclave and the X-ray equipment. Staff said they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments.

Medicines were stored securely in areas accessible only by practice staff. The practice kept records of the ordering and receipt of medicines. Records demonstrated that patients were given their medicines when required. The type, batch numbers and expiry dates for local anaesthetics were recorded in patient records.

Radiography (X-rays)

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment in use at the practice and talked with staff about its use. We found there were suitable arrangements to help ensure the safety of the equipment and we saw local rules relating to the X-ray machine were displayed. (The local rules set out who is responsible for the oversight and safety of radiography in the practice and what to do in the event of an equipment failure). Patient records showed that X-rays were justified, graded and reported on in clinical notes.

The practice had a comprehensive radiation protection file where information was stored to show how the practice complied with the regulations. The file contained the names and contact details of the radiation protection advisor and the radiation protection supervisor and their respective responsibilities. Records confirmed that all relevant staff had received appropriate training in the safe use of x-ray equipment and were aware of the associated regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also undertook an examination of a patient's soft tissues (including lips, tongue and palate) and recorded patients' use of alcohol and tobacco. Patient records also showed the justification, findings and quality assurance of X-ray images taken. The dentists used an appropriate scoring method to record their assessment of any gum disease and to determine when patients should be recalled for further examination and a review of their oral health. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The practice was up to date with current guidelines in order to continually develop and improve their system of clinical risk management. For example, the practice referred to guidelines issued by the National Institute for Health and Care Excellence (NICE) and the General Dental Council (GDC).

Health promotion & prevention

The practice promoted the maintenance of good oral health and used the Department of Health 'Delivering Better Oral Health; a toolkit for prevention' to provide guidance for staff. For example the practice used high concentration fluoride varnish in dental surgery and recommended high concentration fluoride tooth pastes to patients at higher risk of dental decay.

The practice asked new patients to complete a health questionnaire which included information on their medical health and history, including any known allergies. Patients were then invited for a consultation with a dentist, who offered advice appropriate to their individual needs such as smoking cessation or dietary advice. Information in the waiting areas promoted good oral health and included a range of information and advice for patients, for example, tooth sensitivity.

Patients we spoke with said that they were given advice about oral health, including effective brushing techniques to maintain healthy teeth and gums.

Staffing

Practice staffing included clinical, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with mandatory training, for example, infection control and basic life support / responding to medical emergencies. All staff were up to date with their yearly continuing professional development (CPD) requirements to maintain their skill levels and clinical competencies. Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager and principal dentist.

There was an induction programme for new staff to follow which helped ensure they were skilled and competent to deliver safe and effective care and support to patients. This included an immediate induction in relation to the premises and the critical health and safety policies, followed by a longer term induction to cover individual training needs and on-going support.

We reviewed three staff files. Staff development was addressed, for example there was a training needs assessment for individuals. Staff were encouraged to maintain their CPD and their skill levels. There was an effective appraisal system which was used to identify training and development needs as well as personal objectives. Staff said that they had found the appraisal process to be useful and beneficial in supporting their personal development.

Working with other services

The practice had a system for referring patients for dental treatment and specialist procedures to other services where appropriate. The practice involved other professionals and specialists in the care and treatment of patients where their condition was complex, or required additional care and treatment that was not available at the practice. Referrals were monitored to ensure patients had access to treatment they needed within a reasonable amount of time.

Some of the patients we spoke with told us they had been referred to specialists, following detailed discussions with the dentists at the practice to consider the options and choices available to them. They said the referrals had been managed and organised well by the practice.

Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The practice

Are services effective?

(for example, treatment is effective)

ensured valid consent was obtained for all care and treatment. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. Patients that we spoke with told us they were always supplied with information about the costs involved in their treatment before consenting to go ahead with recommended or agreed treatment pathways.

The practice demonstrated an understanding of how the Mental Capacity Act 2005 applied when considering whether or not patients had the capacity to consent to dental treatment. Staff had undertaken relevant training and explained how they would consider the best interests of the patient and involve family members (if appropriate) or other health care professionals responsible for their care to ensure their needs were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

All the patients we spoke with told us they were satisfied with the care provided by the practice. Patients said the practice offered an excellent service, that staff were efficient, helpful and caring and treated them with dignity and respect. We observed staff taking calls and speaking with patients and they were considerate and attentive to patients' needs. Comment cards completed by patients reflected that they were treated with respect by kind, friendly, caring and competent staff.

The practice staff explained how they ensured information about patients was kept confidential.

Patients' clinical records were stored securely. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality, as well as keeping patient information secure. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment rooms. All staff had signed a confidentiality agreement which was retained in their staff file. The practice obtained written permission from patients to share information about them with others.

Involvement in decisions about care and treatment

Feedback from the patients we spoke with confirmed that they felt involved in making decisions about their care and treatment. They all told us staff at the practice were open about treatment costs which were always explained before the treatment started. They also told us they felt listened to and supported by staff, who provided the information they needed to help them make informed choices. The comment cards we received from patients also reflected these views.

There was information displayed in the reception and waiting room about the costs of treatment. There were other information leaflets to promote dental health and hygiene. We found that when patients required a referral for more specialist treatment, they were given a choice of local providers who were available to meet their treatment needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel rushed or under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had implemented effective systems to ensure the equipment and materials needed were in stock or received in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures so that delays in treatment were avoided.

Tackling inequity and promoting equality

The premises had not been designed to meet the needs of patients with limited mobility, as there were several steps leading up to the entrance door. The practice had considered ways of overcoming this issue, but were unable to alter the front of the property, given the proximity to the main road. Staff told us that they would refer patients with limited mobility to other nearby practices and made people aware who contacted the practice to register as new patients.

The practice had an equalities and diversity policy and staff were knowledgeable about how to support patients with additional needs. For example, patients who may have lacked capacity to make decisions, and therefore required additional support from carers or relatives when attending appointments. Interpreter services for patients whose first language was not English were also available, although staff said that this was rarely required, as friends and family would normally attend with the patient.

Access to the service

Information about the practice opening hours, as well as details of how patients could access services outside of these times, were available for patients in the practice leaflet and displayed within the patient waiting areas. Appointments were available from 9am until 5.20pm each week day, with extended opening on Tuesday evenings until 7.20pm to accommodate appointments outside of core working hours and school hours. Longer appointments were available according to individual patient needs. Emergency treatment slots were made available each day for patients with urgent dental needs.

Staff told us patients requiring emergency care during practice opening hours were always seen the same day. Patients we spoke with said that they could always get an appointment at a suitable time and were able to get appointments at short notice when this was needed.

Concerns & complaints

The practice had a complaints policy which provided staff with detailed information about all aspects of handling complaints and compliments from patients. Information for patients about how to make a complaint was displayed and available in the practice waiting room and in a complaints leaflet. This included details about the timescales for dealing with complaints and the staff responsible for investigating complaints. Details of other agencies were also provided, to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found that an effective system had been implemented, which ensured a timely response.

Are services well-led?

Our findings

Governance arrangements

The principal dentist took responsibility for the overall leadership within the practice, leading on clinical, management and quality monitoring roles, including safeguarding and infection control. They were supported by the practice manager, who deputised in their absence.

Staff members told us they were clear about their roles and responsibilities. They said they enjoyed working at the practice and that communication worked well. There were effective arrangements for sharing information across the practice. For example, staff meetings were held on a regular basis and minutes were shared with all staff to confirm and agree the contents and identify any follow-up actions for individual staff.

The practice had a number of policies and procedures to govern activity and these were available and easily accessible to staff in hard copy files. All staff had signed these documents to confirm they had read and were familiar with the contents and the signed copies were kept on individual staff files. The staff we spoke with were able to clearly demonstrate an understanding of the practice policies and procedures. All of the policies and procedures we looked at had been reviewed and were current.

The practice identified, recorded and managed risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, a fire risk assessment, control of substances hazardous to health and legionella.

Leadership, openness and transparency

The leadership of the practice encouraged candour and honesty and the staff we spoke with told us they felt supported and valued by colleagues and management. They said there was an open and transparent culture at the practice and they felt confident they could raise issues or concerns at any time with the principal dentist or practice manager.

The practice manager and principal dentist were visible in the practice and staff told us that they were always approachable and took time to listen to all members of staff. Practice team meetings were held in order to engage staff and involve them in the running of the practice. Staff we spoke with told us they felt able to contribute to the systems that delivered patient care. For example, staff had been involved in discussions in relation to reviewing the practice opening hours.

Learning and improvement

The practice valued learning. Staff told us that they were supported to maintain their clinical professional development through training and mentoring and that they were provided with opportunities to maintain and develop their skills. The dentists had completed study for their continuous professional development (CPD) and had current registration with the General Dental Council (GDC). Records showed that staff had undertaken training appropriate to their roles and were supported with on-going professional development. For example, trainee dental nurses were progressing with their clinical diploma qualifications. Other training had been provided 'in house' including online training and training delivered by the principal dentist and practice manager, who had undertaken specific courses to train other staff. For example, how to use emergency equipment and the management of medical emergencies.

Staff we spoke with had received annual appraisals and said they valued the process. We saw that learning needs had been identified during the process and further training was planned. Records confirmed that all staff had received appraisals in the last year, which included a performance review.

The practice undertook audits to monitor the quality and safety of the services provided. These included an audit of infection prevention and control undertaken in February 2015 and the practice had developed and implemented an action plan to identify the issues to be addressed. The principal dentist told us that they planned to re-audit their infection prevention and control processes every six months. Other audits included an x-ray audit to assess the quality of x-ray images taken by the dentists.

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

The practice took into account the views of patients and those close to them via feedback from patient surveys, as well as comments and complaints received when planning and delivering services. We saw that the practice had responded positively to feedback and had implemented changes as a result. For example, the opening hours of the

Are services well-led?

practice had been extended to offer later appointments one evening each week in response to patients' feedback. The practice also noted patient testimonials and shared these with the staff to ensure positive feedback was recorded.

The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would always feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt very involved and engaged in the practice to improve outcomes for both patients and staff.