

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

## McCarthy & Murphy Dental Surgery

43A High Street, Billericay, CM12 9AX

Tel: 01277622834

Date of Inspection: 21 February 2014

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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>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Murphy & Mccarthy
Registered Manager	Mrs. Gail Garrett
Overview of the service	McCarthy and Murphy Dental Surgery is an established dental practice situated in the centre of Billericay, Essex. It offers a range of NHS and private dental treatments.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*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 announced 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 21 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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When we visited the practice we found that people's privacy was respected. Staff working there were aware of the need to maintain confidentiality and separate rooms were available if patients wished to discuss something in private.

There was a range of information available to people who used the service that outlined the types of care and treatment that were provided and the costs of them. People spoken with told us that risks, benefits and options were explained to them by the dentist and that they were involved in decisions about their treatment.

The planning of care and treatment met people's needs and ensured their safety and welfare. Patient records that we viewed contained clear details of a person's medical history and treatment plans.

One person said. "I am very happy with the dentists here and the quality of their work. I have treatments explained to me clearly and I am given choices."

The provider followed the published guidance in relation to infection prevention control. Surgeries and other areas were clean and hygienic and the processes used for cleaning and sterilising instruments were effective.

A range of audits were undertaken at the practice and patients and staff were consulted for their views about how the service was managed. The quality of the services provided were regularly assessed and monitored and areas for improvement identified. Patients had expressed high levels of satisfaction with the practice.

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, dignity and independence were respected and 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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When we visited the practice we found that people's privacy and dignity were respected. The reception area was open plan but people were able to discuss issues in private either in one of the surgeries or in the hygienist's room. Telephones were available in each of the surgeries and in a separate office so people calling the practice could also have a private conversation without being overheard by patients sitting in the waiting room.

The provider had a confidentiality and data protection policy that staff were required to read and this contained advice and guidance for them to follow. The policy had been read by all staff at the practice and was reviewed annually. Staff spoken with confirmed they had read the policy and were aware of the content.

The waiting room and reception area contained detailed information about the services provided at the practice. A practice leaflet explained the types of treatment offered, the opening hours and how to access emergency dental treatment. Also available was a practice folder that contained useful additional information for people who used the service. It included the statement of purpose, aims and objectives, how they handled confidential patient information, the complaints policy, survey results and costs of treatment.

During their appointments the dentists provided people with explanations and support in relation to their care or treatment in a way they understood. Patients were informed about the risks and benefits of treatments and they were able to express their views about what was important to them.

We spoke with six people who used the service after our visit who told us that that they had been provided with clear explanations about their care or treatment. One person said, "I get very good information about my treatment from the dentist to help me make the right choices."

The provider took account of the comments of people who used the service through the use of patient surveys and by monitoring complaints that had been made. A suggestion box was also available for people to use if they wished to suggest improvements or express their views.

**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 was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We looked at six patient records on the day of our visit and each contained a medical history form that detailed people's medical conditions, medication being taken and any allergies. These were updated each time a person visited the practice. This helped keep people safe and alerted the dentist to any issue that might affect treatment options.

Patient records reflected that each person received a detailed oral assessment prior to any treatments being recommended. This included gum disease, signs and symptoms of oral cancer and a soft tissue examination. Where appropriate, advice was given to people in relation to oral hygiene, diet, alcohol and smoking cessation.

When treatment was recommended this was verbally explained to the patient so they understood the risks, benefits and options. This enabled them to make an informed decision as to whether the treatment was necessary and met their needs. This was followed by a written treatment plan.

We spoke with six people who used the service after our visit. All were complimentary about the dentists and staff at the practice. Each person told us that they had received clear explanations about their treatment and options and were happy with the quality of the dentistry.

One person said, "Both the dentists are brilliant. My wife and family come here too and they are very good. I would recommend them without hesitation."

Another person said, "I have been coming here for 50 years and they are very professional and friendly. I can't fault them and I am very happy with the quality of the dental work I receive."

We also spoke with two dentists and three dental nurses on the day of our visit. All of them told us that people were given verbal explanations about their treatment and the risks, options and costs and this was then recorded on the patient records. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

X-ray equipment was situated in suitable areas and they were carried out by an appropriately qualified person and in a way that protected people who used the service and staff. A radiation protection advisor and supervisor had been appointed and local rules that were relevant to the practice and equipment were displayed. X-ray equipment had been serviced and maintained at appropriate intervals.

There were arrangements in place to deal with foreseeable emergencies. Staff had been trained in managing emergency procedures and a first aid kit and defibrillator was readily available. Emergency medication was stored securely and a robust system and records were in place to check stocks and expiry dates. Where medication was required to be kept in a fridge, the temperature was monitored and recorded to ensure that their quality was maintained.

**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 we looked at how the provider protected the people using the service and staff from exposure to a health care related infection. We compared the processes used with those described in the Department of Health Codes of Practice and the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

The decontamination area for cleaning and sterilising instruments was set up in line with the published guidance. The practice made use of a washer/disinfector to clean instruments prior to sterilisation in an autoclave. The manual cleaning of instruments took place when there was a requirement to do so or when the washer/disinfector was faulty. After this process, instruments were examined with a magnifying glass to ensure they were clean, then they were sterilised. Once sterilised instruments were packaged, sealed, dated and stored correctly.

Daily, weekly and monthly records were held for the washer/disinfector and sterilisers in use at the practice. These reflected that the appropriate checks were being undertaken to ensure that the equipment was operating effectively. Personal protective equipment (PPE) was available for staff to use and these included gloves, aprons and protective glasses.

We looked at two treatment rooms on the day of our visit. We found that they were clean, tidy and uncluttered. The practice made use of protective coverings on furniture and other areas where possible to help reduce the risk of infection. Dental chairs were all in good condition and work surfaces and flooring were of the recommended type. A cleaning checklist was available for each room and a daily record was kept of the cleaning that had been undertaken.

The general areas of the practice were also clean and tidy and a cleaner was employed for this purpose. A checklist was available and the quality of the cleaning was monitored by the practice manager. Where issues had been identified these were communicated to the cleaner and action taken to make the necessary improvements. Colour coded mops were in use to reduce the risk of cross contamination.

We viewed two staff records and found that they had received inoculations for hepatitis B

and periodic blood tests to check that they were effective. This helped keep staff and patients safe. Staff spoken with were aware of the temperature at which to wash their uniforms and wore a clean one daily. There were appropriate arrangements in place for the disposal of clinical waste matter. Sharps bins were correctly placed, labelled and dated.

An infection prevention control lead had been appointed by the provider and an infection control policy was in place. This gave clear guidance on the way infection prevention control procedures would be implemented at the practice. Infection control audits took place every six months to ensure that the processes were being followed. There were effective systems in place to reduce the risk and spread of infection.

## 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 an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider had appropriate systems in place to regularly assess and monitor the quality of the services they provided.

Policies were in place that clearly identified the systems and processes in use and the standards they expected to achieve. These were reviewed annually. A practice risk assessment identified the risks to people who used the service and staff. Where risks had been identified measures had been put in place to reduce them. A range of audits had been carried at the practice including infection control, patient records and x-ray quality. Where areas for improvement had been identified they had been actioned.

Patient surveys were conducted annually. These involved a sample of 50 patients who had been requested to complete questionnaires about the services provided. The questions included friendliness of reception staff, appointment availability, time waiting to be seen by the dentist, the general facilities and the quality of the dentistry. We looked at the surveys conducted in 2013 and 2014 and found that high levels of satisfaction had been expressed across all areas. The results of these surveys were available in the reception area for people to read.

Staff meetings took place monthly and we viewed the minutes of three of these that had taken place in 2013. We found that staff were encouraged to raise issues where they felt performance could be improved and these were actioned where necessary. These meetings were also used to remind staff of the content of key policies in order that high standards could be maintained.

We spoke with two members of staff on the day of our visit who told us that there was a good team environment at the practice and they were encouraged to raise issues that might improve performance. They told us that the dentists and practice manager had created a culture of openness where any issue could be discussed either at meetings or in private.

The provider had a process for monitoring complaints that had been made by people who used the service. We noted there had been none made. A suggestion box was available in

reception for people to use if they so wished. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

## 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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