

Buckle and McGrath Limited

Buckle & McGrath - Hilltop Court

Inspection Report

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Overall summary

We carried out this announced inspection on 26 July 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Buckle & McGrath – Hilltop Court is located in the village of Thornton Hough. The practice provides private dental care for adults and children.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for people with pushchairs. Car parking is available outside the practice.

Summary of findings

The dental team includes the principal dentist, two associate dentists, a specialist orthodontist, a visiting dentist who provides implants, a dental hygiene therapist, a dental hygienist, and four dental nurses, two of whom are trainees. The dental team is supported by a practice manager. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Buckle & McGrath – Hilltop Court is the practice manager.

We received feedback from 12 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9.00am to 5.30pm, Friday 9.00am to 12.30pm.

Our key findings were:

- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- The practice was clean.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure.
- The provider had systems in place to manage risk. Risks relating to vaccine-preventable diseases had not been fully assessed or reduced.
- Staff felt involved and supported and worked well as a team.
- The provider had systems to support the management and delivery of the service and to support governance.
- The practice asked patients and staff for feedback about the services they provided.

There were areas where the provider could make improvements. They should:

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, in relation to staff immunity to vaccine-preventable diseases.
- Review the practice's protocols and procedures for the use of X-ray equipment taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography).
- Review the practice's protocols and procedures to ensure staff are up-to-date with their recommended training and their continuing professional development.

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?	No action	✓
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises, and radiography, (X-rays)

The provider had systems, processes and practices in place at the practice to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training, and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance from the British Endodontic Society.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation.

The provider had arrangements in place to ensure that the practice's facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions.

We reviewed the provider's arrangements to ensure standards of cleanliness and hygiene were maintained in the practice.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

We observed that some areas in the decontamination room had deteriorated, for example, some of the work surfaces were damaged and the work surface to wall sealant had deteriorated. The provider told us they had plans in place to refurbish the decontamination room as a priority.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The practice carried out infection prevention and control audits twice a year.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had arrangements in place at the practice to ensure intra-oral X-ray procedures were carried out safely and had the required radiation protection information available.

The practice had a cone beam computed tomography machine, (CBCT). Staff had received training in the use of this. Appropriate safeguards were in place with the exception of the two stage warning light which had been recommended in two previous test reports. We were unable to confirm whether this or any other of the specific recommendations had been acted on in accordance with recognised guidance, as the provider did not have any relevant information about this, for example, a critical examination and acceptance test for the X-ray machine, or advice from the Radiation Protection Adviser.

Staff carried out radiography audits. We observed that the latest test report for the CBCT recommended modifications to the quality assurance test programme.

Are services safe?

We saw that the dentists justified, graded, and reported on the X-rays they took.

Risks to patients

The provider assessed, monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

The provider had current employer's liability insurance.

The provider had considered appropriate levels of staffing. A dental nurse worked with each of the clinicians when they treated patients.

We saw that the qualified clinical staff were registered with the General Dental Council and had professional indemnity.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider had undertaken a sharps risk assessment and this was reviewed annually. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider had arrangements in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and to check the effectiveness of the vaccination and act appropriately where the effectiveness was unknown. We observed that the provider could not demonstrate that one of the staff had received the Hepatitis B vaccination. The provider sent us evidence of this after the inspection. The provider could not demonstrate that the result of the vaccination had been checked for another of the staff. The provider did not have a risk assessment in place in relation to these staff working in a clinical environment when the effectiveness of the vaccination was unknown but carried out an assessment of the risks after the inspection and forwarded evidence to us demonstrating they had done so.

Staff knew how to respond to medical emergencies. The provider arranged training in medical emergencies and life support annually. The practice had medical emergency

equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We looked at several dental care records to see how information to deliver safe care and treatment was handled and recorded. We observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider ensured the proper and safe use of medicines at the practice.

The practice had systems for prescribing, dispensing and storing medicines. Staff monitored medicines to ensure that medicines did not exceed their expiry dates and enough medicines were available when required.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The provider monitored the ongoing safety of the service.

Lessons learned and improvements

The provider ensured lessons were learned and improvements made when things went wrong.

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

Incidents were investigated, documented and discussed with the rest of the dental team to prevent such occurrences happening again.

Are services safe?

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with. Staff told us they felt confident to raise concerns.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and

Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw that the dentists took into account current legislation, standards and guidance when delivering care and treatment. Clinical notes we looked at were detailed and maintained to a high standard.

The practice provided dental implants. These were placed by a visiting dentist who had completed relevant post-graduate training. The provision of dental implants took into account recognised guidance.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The practice had a selection of dental products for sale and provided information leaflets to help patients improve their oral health.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

the age of 16 years of age can consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

We saw that staff audited patients' dental care records regularly to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills and experience to carry out their roles, but we were not provided with evidence to confirm whether some of the clinical staff had updated their knowledge in accordance with the General Dental Council's recommended continuing professional development guidance.

We were not provided with evidence of

- infection prevention and control, safeguarding, and medical emergencies and life support refresher training for one of the clinicians, and
- radiography refresher training for three of the clinicians

Staff new to the practice completed a period of induction based on a structured induction programme.

The provider offered support, training opportunities and encouragement to assist staff in meeting the requirements of their registration, and with their career development.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were understanding, caring and compassionate. We saw that staff treated patients respectfully and kindly over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice was well maintained. The provider aimed to provide a comfortable, relaxing environment.

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were attending to patients. Staff described how they avoided discussing confidential information in front of other patients. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

They were aware of the requirements of the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given), and the Equality Act.

- Staff identified patients' communication needs and communicated with patients in a way that they could understand, for example, easy read materials were available on request.
- The practice had no formal arrangements to provide an interpreting service for patients whose first language was not English but utilised online translation services. Patients were also told about multi-lingual staff who may be able to support them.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

A variety of dental services, including general dentistry, orthodontics, and implants, was provided at the practice.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, information was included in patient care records as to any specific requirements, for example, where it would benefit a nervous patient to be allocated the first appointment of the day to minimise waiting.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, step free access. Parking was available in the practice's own car park outside the premises.

The treatment rooms were located on the ground floor, along with an accessible toilet with hand rails.

We saw comprehensive information was displayed in the waiting room and in the patient information leaflet. This included information about dental treatment fees, waiting times for appointments and emergency appointment information.

Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on the premises, and included this information in their practice information leaflet and on their website.

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs. Patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website, information leaflet and answerphone provided information for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely

Listening to and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager aimed to settle complaints in-house.

Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the practice leaders had the skills, knowledge and experience to deliver sustainable care.

Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a strategy for delivering high-quality care and supporting business plans to achieve priorities. The practice planned its services to meet the needs of the practice population by offering general dentistry and additional specific dental treatments to minimise the need for patients to be referred to other dental services.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including a specialist dentist, dentists with advanced skills, a hygiene therapist, a hygienist and dental nurses to deliver care in the best possible way for patients.

Culture

The practice had a culture of high-quality, sustainable care.

Staff said they were respected, supported and valued.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

Staff had annual appraisals, which helped identify individual learning needs. The clinicians discussed training needs and future professional development at one-to-one meetings with the provider.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider subscribed to a dental practice compliance scheme to assist with governance.

We saw the practice had systems in place to monitor the quality and safety of the service and make improvements where required, for example, reminders were scheduled for important tasks to be completed.

The provider had limited means of monitoring whether or when clinicians had completed the General Dental Council's, (GDC), highly recommended and recommended, continuing professional development, (CPD), to the GDC's CPD recommendations.

Following the inspection, the provider sent us details of improvements they had made to the monitoring of training. Improvements made included a check on all CPD prior to a clinician starting work at the practice and obtaining a copy of the clinicians' CPD training log annually which would allow the provider to identify dates when training becomes due and set up reminders.

The provider had systems in place to ensure risks were identified, managed and had put measures in place to reduce risks. We highlighted where the provider's systems for the assessment and monitoring of risk had not operated effectively in relation to immunity to vaccine-preventable diseases. The provider was open to our feedback and took action to address this.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

The principal dentist and registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was responsible for the day-to-day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice's staff acted appropriately on information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

The provider had effective arrangements to ensure that notifications were submitted to external bodies where required, including notifications to the CQC.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and encouraged verbal comments to obtain the views of patients about the service. We saw examples of suggestions from patients which the practice had acted on, for example, delays to appointments were highlighted by several patients. In response to this, the practice had implemented a new system of appointment scheduling.

The practice gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits to help the practice identify where improvements could be made. We reviewed audits of dental care records, X-rays, infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw auditing processes were working well and resulted in improvements. Clinical audit had been used effectively to improve clinical standards.

The provider and practice were committed to learning and improving and valued staff contributions. We saw evidence of learning from complaints, incidents, audits and feedback. Where we highlighted areas for improvement the provider acted promptly to address these areas and send evidence.

On the day of the inspection the provider demonstrated a willingness to take appropriate action to comply. The provider acted immediately during the inspection on some issues identified and continued to act on others after the inspection.