

Agno Smile Limited

Agno Smile Ltd T/A Agno Dental and Aesthetics

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 28 February 2023 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 registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available. Equipment not available on the day, such as child size face masks and the self-inflating bag with reservoir (child) were ordered on the day of the inspection.

Summary of findings

- The practice had some systems to manage risks for patients, staff, equipment and the premises. However, the electrical installation condition report was not available to view.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.

- Improvements could be made to the systems in place relating to the provision of oral sedation.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The provider is part of a corporate group (Home Counties Clinics Ltd) and has 5 practices, and this report is about Agno Smile Ltd.

Agno Smile Ltd is in Rickmansworth and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Paid car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist, 7 associate dentists, 3 dental nurses, 2 dental hygienists, 1 orthodontic therapist, 1 group operations manager, 1 administrator and 2 receptionists. A dental sedationist visits the practice to provide intravenous conscious sedation. The practice has 4 treatment rooms.

During the inspection we spoke with 1 associate dentist, 2 dental nurses, 1 dental hygienist, 1 receptionist, the group operations manager and the administrator. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 9am to 7pm

Tuesday and Thursday from 10am to 6pm

Wednesday from 9am to 5pm

Summary of findings

Friday from 8am to 4pm

Saturday (1 per month) from 9am to 3pm

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

- Take action to ensure an effective system of checks and the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- Implement protocols for oral conscious sedation and take action to ensure that all team members involved in the delivery of care and treatment to patients under sedation have the appropriate life support skills, taking into account the guidelines published by The Intercollegiate Advisory Committee for Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2020'.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice and take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service.

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 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 practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We noted that the hot water temperatures recorded monthly were not reaching the temperature recommended in the practice's Legionella risk assessment. The practice was addressing this and were in the process of replacing the boiler. They arranged a water quality test immediately after the inspection. A water quality check had previously been completed in September 2022 which was satisfactory.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The clinical waste bins were sited in a secure area. We observed on the day of inspection that the locks of the bins were damaged and therefore not able to be locked securely. The practice arranged the replacement of the locks the day following the inspection.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice was not able to locate the electrical installation condition report which we were told was completed in 2018. A new electrical installation condition test was arranged for 22 May 2023.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and most of the required radiation protection information was available. We did not see evidence on the day that the practice had re-registered with the Health and Safety Executive (HSE) as required. Immediately after the inspection the practice arranged for this to be done.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency medicines and most emergency equipment were available in accordance with national guidance. On the day of inspection, we noted that the self-inflating bag with reservoir (child size) and the oxygen face mask with reservoir and tubing (child size) were missing. There was only 1 size clear face mask for the self-inflating bag. The missing items were ordered on the day of the inspection. In addition, we saw the emergency drugs and equipment were checked monthly. This was not in line with the relevant guidance which states that emergency drugs and equipment should be checked weekly. We discussed this with the practice who assured us that the checks would be completed weekly going forward.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by the visiting dental sedationist.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines. Improvements could be made to improve the security of the medicines as the practice did not record the stock of medicines held at the practice. The practice recorded what antibiotic medicines were dispensed to patients but the log did not include other medicines dispensed such as pain killers or diazepam (a benzodiazepine medicine used for oral sedation). Antimicrobial prescribing audits were not carried out. Immediately after the inspection we were provided with evidence that a record of the stock of medicines kept in the practice had been implemented and improvements made to the dispensing log to record all medicines dispensed.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered intravenous conscious sedation for patients provided by a visiting dental sedationist. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability. However, staff providing treatment to patients under sedation had not completed immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training).

The practice also offered patients oral sedation before dental treatment. Improvement was needed to ensure that staff who provided this had the appropriate level of life support training. Improvements were also required to ensure staff providing oral sedation were trained to undertake appropriate monitoring of the patient and management of the sedation if needed, in line with the guidelines published by The Intercollegiate Advisory Committee for Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2020'.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Oral health care products were available for sale to patients.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits. Improvements could be made to ensure the audits were completed six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

We found 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.

On the day of inspection, we reviewed patient feedback and spoke with patients. Feedback we received from patients indicated that they were very happy with the care they had received at the practice.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort. The practice described how they provided additional support for patients who had autism and dementia.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 and gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

We found 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 meet patients' needs and preferences.

The practice offered early morning and evening appointments for patients who could not attend during normal opening hours.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including step free access and a disabled toilet facility for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The dentists working at the practice operated a rota system to cover dental emergencies during non-working hours.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Details of the practice's complaint procedure were available in the waiting area and on the practice website. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, and infection prevention and control. Improvements could be made to ensure that infection prevention and control and radiography audits were carried out bi-annually in line with the relevant guidance and that all clinicians working at the practice completed clinical audits. Staff kept records of the results of these audits and the resulting action plans and improvements.