

J.M.Summerfield and Associates

# Newfield Green Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Newfield Green Dental Practice on 20 June 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Newfield Green Dental Practice on 14 November 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Newfield Green Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it well-led?

### **Our findings were:**

### **Are services well-led?**

# Summary of findings

The provider had made insufficient improvements to put right the shortfalls and had not responded fully to the regulatory breach we found at our inspection on 14 November 2022.

## Background

Newfield Green Dental Practice is in Sheffield and provides NHS dental care and treatment for adults and children.

Access into the practice is via 2 steps at the entrance. Car parking is available near the practice on local side roads.

The dental team includes 1 dentist and 3 dental nurses, 1 of whom is covering practice manager duties. The practice has 3 treatment rooms.

During the inspection we spoke with the dentist, 1 dental nurse 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 Friday 8am – 6pm and Saturday 8am – 1pm.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

**Full details of the regulation the provider was not meeting are at the end of this report.**

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services well-led?**

**Requirements notice**



# Are services well-led?

## Our findings

We found that this practice was not providing well-led care. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

At the inspection on 20 June 2023 we found the practice had made the following improvements to comply with the regulation:

The practice's infection prevention and control procedures reflected published guidance. An infection prevention and control audit had been completed; it reflected current procedures and was scheduled for review in line with guidance. Staff had completed infection prevention and control training as recommended by the General Dental Council.

Sharps handling and disposal protocols were effective and all 'in use' sharps had been risk assessed in line with current regulations.

A system was in place to ensure the contents of the medical emergency kit remained in date and in line with published guidance.

Oversight and management of staff training was effective.

Except for one team member, staff performance appraisals had been undertaken and a system was in place to ensure these continued annually.

Systems were in place to report, record and review accidents and significant events for learning and improvement.

The system to ensure equipment remains maintained and serviced appropriately had been reviewed and some action taken, however, this had not been fully implemented, for example:

- A fire risk assessment had been completed, recommendations were being actioned but not all had been addressed.
- The electrical installation condition report was yet to be completed, a provisional date had been arranged but not confirmed.
- Compressor maintenance and pressure vessel inspection records were in place.
- Gas boiler service certificate and maintenance records were in place.

The level of detail recorded in the patient care records had not improved since our previous visit.

Improvements had not been made to ensure radiography and antimicrobial audits were carried out in line with current guidance.

Improvements had not been made to ensure all external referrals were monitored and tracked.

Systems were in place to manage and record action taken on dental related patient safety alerts.

Systems were in place to ensure all prescriptions that had been issued could be accounted for.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the Regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Systems to ensure equipment and facilities were maintained and serviced appropriately were not fully effective.</li><li>• Quality assurance systems were not carried out in line with current guidance.</li><li>• A system to monitor and track external referrals had not been implemented.</li></ul> <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none"><li>• Arrangements to ensure good governance and leadership are sustained in the longer term were not fully effective.</li><li>• Systems to ensure all staff had received a performance appraisal were not in place.</li></ul> <p>Regulation 17(1)</p>