

J.M.Summerfield and Associates

# Newfield Green Dental Practice

## Inspection report

2 Newfield Green Road  
Newfield Green  
Sheffield  
S2 2BR  
Tel: 01142398198

Date of inspection visit: 14/11/2022  
Date of publication: 14/12/2022

### Overall summary

We carried out this announced focused inspection on 14 November 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following 3 questions:

- Is it safe?
- Is it effective?
- Is it well-led?

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice infection prevention and control procedures did not fully reflect published guidance.

# Summary of findings

- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available; procedures to monitor the emergency medical kit could be improved.
- Improvements to fridge temperature monitoring could be made.
- Risk management systems in relation to sharps, safety alerts and incident reporting could be improved.
- Systems to ensure staff training and appraisals were being undertaken, were not effective.
- The level of detail recorded in dental care records could be enhanced.
- Referrals to external healthcare providers were not being monitored and tracked.
- Leadership, oversight and management could be improved.
- Quality assurance audit systems were not effective.
- Systems to ensure equipment and facilities were being maintained could be improved.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

## 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 a dentist and 3 dental nurses. The practice has 3 treatment rooms.

During the inspection we spoke with the dentist and 2 dental nurses. 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 complying with. 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.**

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

# Summary of findings

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

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

# 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. Records were not available on the inspection day to confirm that all staff had undertaken appropriate training in safeguarding vulnerable adults and children.

The practice's infection prevention and control procedures did not fully reflect published guidance. In particular:

- The clinical waste bin in the decontamination room was not foot pedal operated
- There was no system to ensure heavy duty gloves were replaced weekly
- The practice did not use lint free cloths to dry sterilised instruments
- Manufacturer's instructions were not being followed in respect of completing an air leakage testing on the autoclave and in respect of the products used to maintain dental unit water lines

The infection prevention and control audit did not reflect our findings on the inspection day.

Records were not available to us to confirm that all staff had completed training in infection prevention and control as recommended by the General Dental Council.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice's system for checking and monitoring equipment to ensure that all equipment is well maintained could be improved. In particular, on the day of inspection:

- A fire safety risk assessment had not been completed by a competent person
- There was no Fixed Electrical Installation Check records
- There was no compressor maintenance and pressure vessel inspection records
- There was no gas boiler service certificate or maintenance records

The provider confirmed that all of the above maintenance and servicing had been arranged to take place within 28 days of our inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Records were not available to confirm that an Ionising Radiation (Medical Exposure) Regulations update course had been completed by the operator, in line with the General Dental Council mandatory continuing professional development requirements.

### **Risks to patients**

# Are services safe?

The practice had recently implemented systems to assess, monitor and manage risks to patient and staff safety, however, these were not yet embedded.

Sharps handling and disposal protocols were effective within the practice; however, not all 'in use' sharps had been risk assessed in line with current regulations.

The medicine used to treat low blood sugar was stored in a fridge, however, there was no system in place to monitor the fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.

Staff knew how to respond to a medical emergency. Records were not available to confirm that all staff had completed training in basic life support as recommended General Dental Council. Upon review of the medical emergency kit, all of the required medicines and equipment was available and in-date. We noted the weekly quality assurance check could be clearer to help identify a missing item or an item due to expire.

Sepsis risk flow charts were visible in the practice, staff had completed training and had an awareness of how to identify and manage a patient with a sepsis risk.

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**

Dental care records we saw were legible, were 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**

There was no system to ensure NHS prescriptions could be monitored and tracked.

Antimicrobial prescribing audits were not being carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had recently implemented systems for reviewing and investigating incidents and accidents. An accident book was available and was being used, however, staff knowledge of what could be reported as a significant incident or event for learning and improvement was limited.

We were told the practice had a system for receiving patient safety alerts. No evidence was presented during the inspection to confirm there was a follow-up process to document action taken as a result of receiving a dental related safety alert.

# 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.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

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

Staff 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 dental care records in line with recognised guidance. We noted improvement could be made to the level of detail recorded in the dental care records, particularly in respect to caries, periodontal and oral cancer risks.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits in-line with current guidance.

### **Effective staffing**

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

Newly appointed staff had a structured induction.

We could not be assured that all clinical staff had completed continuing professional development required for their registration with the General Dental Council. Not all records were available for review during the inspection. After the inspection we received a selection of training records not previously viewed, however, the information supplied did not confirm that all staff had completed the required training.

### **Co-ordinating care and treatment**

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. A system to ensure all external referrals are monitored and tracked was not in place.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

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). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The inspection highlighted areas of concern where improvements were needed, for example, in risk management, adherence to published guidance, facilities and equipment maintenance and learning from accident and incidents.

### **Culture**

The practice had systems, processes and protocols in place to manage the service, however these did not always operate effectively.

Staff stated they felt respected, supported and valued.

The practice could not provide evidence to support recent ongoing periodic supervision or staff appraisal.

The practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals was not effective.

### **Governance and management**

Staff had responsibilities roles and systems of accountability to support governance and management. These could be improved upon to ensure staff were appropriately trained and monitored effectively to ensure they followed up-to-date published guidance.

Systems to ensure clinical governance was effective, implemented and embedded could be improved.

Improvements could be made to ensure the systems in place to assess, monitor, mitigate risk and improve the quality of the service were effective.

### **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 these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

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

### **Continuous improvement and innovation**

The practice systems for learning, continuous improvement and innovation could be improved.

Quality assurance systems in place were not operating effectively; the infection prevention and control audit did not reflect our findings, radiography, dental care records and antimicrobial prescribing audits were not being completed.

## 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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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>• Infection prevention and control systems were not operating in line with manufacturer's instructions and published guidance.</li><li>• The weekly quality assurance process to ensure the medical emergency kit reflected recommended guidance was not effective.</li><li>• Systems to ensure equipment and facilities were maintained and serviced appropriately were not effective.</li><li>• Quality assurance systems were ineffective or were not in place.</li><li>• A system to monitor and track external referrals had not been implemented.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Systems were not in place to demonstrate a response to patient safety alerts, recalls and rapid response reports issued by an alerting body.</li></ul>



## Requirement notices

- The system to reporting, review and investigate significant incidents and events was not embedded.
- Sharps risk assessment protocols had not been implemented.

There was additional evidence of poor governance. In particular:

- Arrangements to ensure good governance and leadership are sustained in the longer term were not operating effectively.
- Systems to monitor the completion of continuous professional development as recommended by the General Dental Council were not in place.
- Systems to ensure ongoing periodic supervision and staff appraisal were not in place.

Regulation 17(1)