

Mr. Richard Hurst

Mr Richard Hurst - Cramlington

Inspection Report

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Overall summary

We carried out a follow-up inspection at Mr. Richard Hurst – Cramlington dental practice on the 31 July 2017.

We had previously undertaken an announced comprehensive inspection of this service on the 14 March 2017 where a breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Richard Hurst's dental practice on our website at www.cqc.org.uk.

We reviewed documentation as part of this inspection and checked whether they had followed their action plan. This was to confirm that they now met the legal requirements.

Our findings were:

Are services well-led?

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

Background

Mr. Richard Hurst – Cramlington dental practice is situated in the centre of Cramlington and provides private dental treatment to adults and NHS dental treatment to children. There is level access for people who use wheelchairs and pushchairs. Car parking is available at the front of the practice and also in a car park nearby.

The dental team is comprised of a principal dentist, two associate dentists, three dental nurses and a receptionist. One of the dental nurses also provides management support.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we looked at practice policies and procedures and other records about how the service is managed.

The practice is open

Monday and Thursday 0830 - 1800

Tuesday and Friday 0830 - 1700

and Wednesday 0830-1230.

Our key findings were:

Summary of findings

- The practice's infection control procedures reflected published guidance.
- Appropriate medicines and life-saving equipment were available to deal with medical emergencies.
- Procedures for storage and monitoring of the medicines and equipment were apparent.
- The practice had systems to help them manage risk and the principal dentist had undertaken a health and safety and fire risk assessment of the premises.
- The practice had implemented robust staff recruitment procedures including procedures for risk assessing and monitoring non-responders to Hepatitis B vaccinations.
- The practice's policies were reviewed and signed by all staff.
- Procedures for carrying out audits of the service at regular intervals were in place.
- Recommendations from the X-ray equipment maintenance reports had been implemented.
- The waste contract had been reviewed and amended to comply with legal requirements.

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 well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

No action



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They promptly implemented all the required actions and sent us documentation which confirmed they had done so. This included policies, risk assessments and other evidence.

We saw all policies were now implemented, reviewed and updated to support the management of the service and to protect patients and staff.

The principal dentist had undertaken a fire and health and safety risk assessment which was specific to the practice. Regular checks were now documented and we saw evidence of these.

We received evidence to show medical emergency drugs were stored and monitored appropriately.

Recruitment procedures were reviewed and the principal dentist sent us recruitment documents including induction templates, staff ID and monitoring of hepatitis B levels.

The practice had reviewed their infection prevention and control procedures to ensure this reflected recommended guidance and had also arranged for regular waste collections of their X-ray fluid. We received evidence of their amended waste contract.

Recommendations from the X-ray equipment maintenance tests had been reviewed and the necessary rectifications were implemented. The practice had reviewed their record keeping in relation to radiography to ensure they were consistently recording all essential details. We received evidence of all these measures.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement.

Annual X-ray audit cycles were now in place. We saw records of the results of these audits and the resulting action plans and improvements. We received evidence which confirmed all staff were aware of these results.