

Dr. Richard Grant

Cramlington Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 8 December 2015 as part of our regulatory functions where a breach of legal requirements was found. After the comprehensive inspection, the surgery wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We followed up on our inspection of 8 December 2015 to check that the surgery had implemented their plan and to confirm that they now met the legal requirements. We carried out a desk based review on 4 July 2016 to check whether the practice had taken action to address a breach of Regulations 17(1) (2) (a) and (b) and 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This report only covers our findings in relation to those requirements. We have not revisited Cramlington Dental Centre for this review because the practice were able to demonstrate that they were meeting the standards without the need for a visit.

Our findings were:

Are services well-led?

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cramlington Dental Centre on our website at www.cqc.org.uk.

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?

This focused inspection concentrated on the key question of whether or not the practice was well-led. We found that the practice was now providing well-led care in accordance with the relevant regulations.

At our previous inspection we found that the practice had not undertaken some clinical governance processes such as infection control audits, clinical record keeping audits, X-ray audits or formal annual appraisals of staff.

The registered provider sent us evidence for our review showing that an infection control audit, clinical record keeping audits and X-ray audits have taken place and relevant action plans were in place to address any issues highlighted. A formal annual staff appraisals process has commenced. Arrangements were in place to ensure that the audits and appraisals are undertaken in accordance with the current guidelines.

No action



Cramlington Dental Centre

Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a review of this service on 4 July 2016. This review was carried out to check that improvements to meet legal requirements planned by the surgery after our comprehensive inspection on 8 December 2015 had been made. We reviewed the practice against one of the five questions we ask about services: is it well-led? This is because the service was not previously meeting two of the legal requirements under the well-led domain.

At the previous, comprehensive inspection on 8 December 2015 we found that the practice was not well-led because the practice had not undertaken some clinical governance processes such as infection control audits, clinical record keeping audits, X-ray audits or formal annual appraisals of staff.

The review was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our review, we checked that the provider's action plan had been implemented. We reviewed a range of documents provided by Cramlington Dental Centre



Are services well-led?

Our findings

At our previous inspection on 8 December 2015, we found that the practice was not well-led because some governance processes, such as infection control, record keeping and X-ray audits and formal annual staff appraisals had not taken place.

Governance arrangements

Clinical Governance (CG) is a system through which healthcare organisations are accountable for continuously improving the quality of their services and promoting high standards of care, by creating an environment in which

clinical excellence will flourish. Governance arrangements are part of that ongoing process. The registered provider sent us documents to show that the clinical governance processes had taken place. For example, an infection control audit in accordance with Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices has been completed. In addition clinical record keeping audits and X-ray audits have taken place and action plans were in place to address any issues highlighted. A formal annual staff appraisals process has commenced. Arrangements were in place to ensure that the audits and appraisals are undertaken in accordance with the current guidelines.