

Practice Policies

Adverse Reaction to Drugs

The importance of obtaining accurate medical history of patients cannot be stressed too highly. It should always be ascertained whether there has been any change in medical circumstances ahead of commencing treatment, particularly where drugs may be an element of the treatment plan to be followed. Intolerance or allergy will occasionally manifest with no previous history.

Chaperone

This practice is committed to providing a safe, supportive environment for patients. All patients will have a chaperone present for every consultations, examination or procedure. Usually this will be a member of staff but it may also be a family member or friend. The role of a chaperone includes:

- Providing emotional comfort and reassurance to patients
- To act as an interpreter, we have in house multilingual interpreters, who can assist.

To provide protection to healthcare professionals against unfounded allegations of improper behaviour.

Child Safety

The practice is committed to create and maintain a safe environment for children and young people. This practice recognises the complexity of laws regulating child minding and has created this policy to ensure that the staff members are not given the responsibility to look after the children of patients.

Whilst on the practice premises, children and young people must be accompanied by an adult carer at all times. As the staff members are not registered child minders they are unable to accept the responsibility for looking after young children whilst their carer is having dental treatment.

The reception staff will advise adult patients with carers' responsibilities for young children to make alternative childcare arrangements whilst attending dental appointments whenever possible. If the arrangements cannot be made the reception staff will ask the carer to take the child into the treatment room with them. If a patient is unwilling to co-operate the reception staff must consult promptly with the Practice Manager.

Child and Vulnerable Adult Protection

There is an effective process for identifying and responding appropriately to signs and allegations of abuse. There is an effective process for preventing abuse before it occurs, and minimising the risks of further abuse once it has occurred.

A child is defined as a person under the age of 18. A vulnerable adult is any person aged 18 or over who is or may be in need of health or social care services by reason of a mental, physical or learning disability, age or illness and who is or may be vulnerable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation.

Where staff are likely to engage with a child or vulnerable adult on a one-to-one basis, the staff member is appropriately trained in issues related to child and vulnerable adult protection.

The lead person for child and vulnerable adult protection is [the Practice Manager]. Every team member knows the name of the lead person for child and vulnerable adult protection. All suspicions

and allegations of abuse will be taken seriously and responded to swiftly and appropriately. All staff have a responsibility to report concerns to the appropriate lead member of staff. All team members are required to undergo an enhanced Criminal Record Bureau Check (CRB check). The practice will not employ anyone who has been barred by the Independent Safeguarding Authority (ISA).

Good practice guidelines

A chaperone is always present when treating a child or vulnerable adult.

Gratuitous physical contact is never made with a patient. If a patient needs comforting, staff use discretion to ensure that any physical contact is appropriate.

Physical force is never used against a patient, unless it constitutes reasonable restraint to protect him/her or another person or to protect property. If it is necessary to restrain a patient because they are an immediate danger to themselves or others or to property the minimum amount of force is used for the shortest amount of time.

Any problems are referred to the child and vulnerable adult protection lead. Vicky White/Tracey Wells

Data Protection

The practice is committed to complying with the Data Protection Act 1998 by collecting, holding, maintaining and accessing data in an open and fair fashion.

The practice will only keep relevant information about employees for the purposes of employment, or about patients to provide them with safe and appropriate dental care. The practice will not process any relevant 'sensitive personal data' without prior informed consent. As defined by the Act 'sensitive personal data' is that related to political opinion, racial or ethnic origin, membership of a trade union, the sexual life of the individual, physical or mental health or condition, religious or other beliefs of a similar nature. Sickness and accidents records will also be kept confidential.

All manual and computerised records will be kept in a secure place; they will be regularly reviewed, updated and destroyed in a confidential manner when no longer required. Personnel records will only be seen by appropriate management.

Patients' records will only be seen by appropriate team members. To facilitate patients' health care the personal information about them may be disclosed to a doctor, health care professional, hospital, NHS authorities, the Inland Revenue, the Benefits Agency (when claiming exemption or remission from NHS charges) or private dental schemes of which the patient is a member. In all cases the information shared will be only that which is relevant to the situation. In very limited cases, such as for identification purposes, or if required by law, information may have to be shared with a party not involved in the patient's health care. In all other cases, information will not be disclosed to such a third party without the patient's written authority.

Access to records

Patients and team members can have access to the original of the records kept about them free of charge. To receive a copy of all records kept about them by the practice a team member or a patient should make a written request to the [Practice Manager]. The [Practice Manager] will provide a copy within a period of 40 days. An employee or a patient may challenge information held on record and following investigation should the information be inaccurate; the practice will correct the information and inform the patient or the team member of the change in writing.

Disability

All reasonable steps have been taken to ensure that premises are accessible to all those who need to use them in keeping with the requirements of the Disability Discrimination Act 1995. The practice is committed to complying with the Disability Discrimination Act 1995 and the Equality Act 2010 by ensuring that disabled patients have the same access to our services as non-disabled patients. For the purpose of this policy the term disabled may include people with physical and sensory impairments, with learning disabilities, chronic or terminal illness and users of mental health services. The application of all policies and procedures ensures that people are protected from unlawful discrimination.

The practice management has made every effort with facilities, policies, procedures, communication, signage and staff training to ensure the ease of access to our services. Practice information is available in alternative formats. Printed in large print and it can be emailed to patients for those who can play back on computers. We hope to make leaflets available in Braille by end August 2015.

The practice staff familiarise themselves with the requirements of the Disability Discrimination Act and Equality Act and receive training in issues relevant and important to disabled people. The members of the practice strive to use language that is easy to understand and meets the needs of all disabled people. When communicating with disabled patients staff:

- Ask everyone about their requirements in advance 'Please let me know if you require any particular assistance' and be able to respond sensibly
- Do not patronise, make assumptions or think they know best
- Are ready to offer assistance, but never impose it
Are prepared as necessary to :
- Sit or bend down to talk to a person at his or her eye-level
- Offer a seat or help with doors
- Let the person take their arm for guidance or support
- Offer the use of equipment, e.g. a clipboard as an alternative writing surface
- Use appropriate ways of communicating, e.g. writing notes if someone finds speech difficult to understand
- Be courteous, patient and always talk to a disabled person directly, never through his or her companion; never shout or call attention to anyone; never compromise the person's right to privacy or confidentiality; check to make sure they have been understood.

The practice management welcomes patients' views and suggestions on how we can improve services. If suggestions are made the practice will inform everyone about the adjustment plans and their proposed completion dates.

Emergency Planning and Business Continuity

There are arrangements in place to provide safe and effective care in the event of a failure in major utilities, fire, flood or other emergencies. All staff, people who use services and others provided with information on the risks to their health and safety, protective measures and what to do in the event of an emergency, for example fire. The practice has emergency plans in place to deal with unexpected emergencies and incidents.

Evidence-based Dentistry

The practice is committed to complying with the current guidelines on using an evidence-based approach.

We endeavour to keep our knowledge and skills current by:

- Following and keeping up-to-date with evidence-based guidance
- Using relevant local referral protocols
- Using standard care pathways, where appropriate
- Applying the principles of research governance
- Sharing information, skills and clinical experience at regular practice meetings

Equality & Diversity Statement

The practice is committed in the care we provide to all our patients. We ensure that all those using our services receive the highest possible standard of service irrespective of ethnicity, race, marital status, gender, sexual orientation, age, disability, religion, beliefs, civil partnership status or chronic illness.

The staff are fully committed in providing equality in all of our services and our equal opportunities policy has been developed to ensure this. We continue to monitor and apply our equal opportunities policy to ensure it meets and reflects our diverse patient base.

We ensure that these same standards will be received by all those employed.

Equipment

We make sure that equipment:

- Is suitable for its purpose
- Is available
- Is properly maintained
- Is used correctly and safely
- is validated, tested and inspected as required

Failed Appointments

The practice will endeavour to manage our appointments system to avoid delays in appointment times and minimise loss of surgery time through cancellations and failed appointments.

- We will remind patients of their appointments by their preferred method
- Monitor our waiting times for treatment and for booking appointments
- Provide as much notice as possible when appointments have to be changed, cancelled or if we are running late and explain the reasons
- Advise patients if there is a change of their practitioner

We kindly ask that in return you

- Arrive on time for your dental appointment. Please give the practice at least 24 hours' notice if you are unable to attend. We may charge for missed appointments where we have not been notified OR if you miss an appointment on more than one occasion without letting us know, we may need to review future provision of treatment at the practice.

Fees

People who pay for services know how much they are expected to pay, when and how, and what service they will get for the amount paid. There are printed price lists available at reception and on the practice web site. Patients are always informed of the fees for their treatment at the consultation appointment.

Fitness to Practise

Healthcare professionals within this Practice are required to maintain their levels of competence within all aspects of their appointed role. This is achieved through continued professional development, private study, attending conferences/seminars, taking part in shared learning initiatives within the Practice or through an independent provider. The performance of the professional is reviewed on a regular basis – through performance review or appraisal and patient or co-worker feedback. Where the standard of performance is called into question or is seen to have fallen below acceptable levels, for example as a direct result of a patient complaint, that professional may face professional body intervention and investigation in addition to practice investigation. The professional body may provide advice or guidance for that professional or place practising restrictions on him/her. As a final resort it could lead to deregistration. No action is taken by the professional body before a full and thorough investigation is conducted.

Financial position

People who use services can be confident that the service provider is able to meet the financial demands of providing safe and appropriate services. This is because the provider who complies with the regulations has the financial resources needed to provide and continue to provide the services as described in the statement of purpose to the required standards.

Infection Prevention and Control Policy

Statement of intent

For the safety of our patients, visitors and team this practice follows the latest guidelines and research on infection prevention. We comply with the 'essential quality requirements' from the Department of Health and have a written assessment and plan to move towards 'best practice'. We take Universal Precautions for all patients, to minimise all of the known and unknown risks of cross infection.

Decontamination

We follow the latest decontamination guidelines from the Department of Health for new and used instruments. Stored instruments are protected against recontamination. The treatment rooms and all equipment are decontaminated appropriately between patients and at the end of every clinical session. Defects found during the cleaning of equipment are immediately reported to the Decontamination Lead

Immunisation

Staff involved in decontamination and clinical work have evidence of current immunisation for Hepatitis B.

Items sent to the laboratory and equipment sent for repair

All items despatched to the laboratory are washed and disinfected after removal from the mouth and items received from the laboratory are washed and disinfected prior to fitting. Equipment is decontaminated before being sent for repair.

Instruments

Whenever possible we utilise single-use instruments, which are always disposed of after use on a patient.

Inoculation injury

To minimise the risk of blood borne viruses all staff are trained in avoidance and management of an inoculation injury. Post Exposure Prophylaxis is available if necessary. Staff at risk of blood-borne virus exposure have an occupational health examination.

Legionella control

The practice takes all reasonable measures to minimise the risk of exposure of staff, patients and visitors to legionella in accordance with existing guidance. The practice carries out regular legionella risk assessment, water tests and audits. Flushing of hot and cold water outlets is routinely undertaken by the practice. Records of all legionella control activities are maintained and reviewed at the Annual Management Review.

Personal hygiene

All staff maintain a high standard of personal hygiene including hand hygiene, restricted wearing of jewellery, and clean clinical clothing.

Personal Protective Equipment

All team members follow the guidelines for personal protective equipment. These include masks, gloves, protective eyewear, clinical attire and suitable shoes.

Spillage

Clinical staff are trained in how to manage an accidental spillage of a hazardous substance and how to follow our emergency arrangements.

Waste

Waste is carefully handled and disposed of by appropriate carriers according to current regulations.

Water quality

Dental unit waterlines undergo disinfection, flushing and maintenance to minimise the risk of bio-contamination. Practice water is inspected and tested as necessary to maintain water quality.

Training

Each member of the team undergoes regular training and review and has a responsibility to ensure a safe working environment for all. Training includes the principles of infection prevention, the use of decontamination equipment and materials, the daily inspection and testing of equipment and the maintenance of records.

Audit

We audit and review infection prevention procedures every year with the aim of a continual improvement in standards and to update this policy and procedures as necessary.

Medical Emergencies

People who use our services receive care, treatment and support and we ensure that equipment required for resuscitation or other medical emergencies is available and accessible for use as quickly as possible. We have a defibrillator and all clinical staff are trained in its use.

Medical History

A full medical history is taken for every new patient. It is updated at every check-up and whenever the practice is informed of a change of status in the patient's medical history. Please advise us of any changes to your medical history as this could be important to us in the treatment we will be providing.

No-smoking

The practice is committed to complying with the Health Act 2006 and to protecting all team members, patients and visitors from exposure to second-hand smoke. Team members are expected to follow this policy and to support its implementation.

Notification of other incidents

People who use services can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken. This is because providers who comply with the regulations will notify the Care Quality Commission about incidents that affect the health, safety and welfare of people who use services, including:

- Injuries to people
- Making an application to depriving someone of their liberty
- Events which stop the registered person from running the service as well as they should
- Allegations of abuse
- A police investigation.

Patient Care The practice is committed to offer high standards of care and service to our patients, we:

- Operate a quality assurance programme to ensure
- Effectiveness of our infection control
- Consistent quality of provided treatment
- Compliance with health and safety legal requirements
- Safe use of x-ray equipment

- Compliance with the GDC requirements for the Continuing Professional Development of our team members
- Ensure that all of our treatments are evidence based and follow NICE interventional procedures guidance
- Have a policy of minimum intervention, this means we do the least treatment possible to achieve the best results for our patients
- Do not refuse treatment on the grounds of race, gender, age, disability, sexual orientation or religious beliefs.

Our private fees are designed to be fair and to enable us to offer patients the freedom of choice to have advanced treatments. We operate a robust patient complaints procedure. All comments and suggestions are welcomed and taken very seriously because they help us to continually improve our services to patients. Contemporaneous records are maintained on Computer records.

Patient Consent

The practice follows the GDC guidelines 'Principles of Patient Consent'. All clinical team members providing treatment requiring consent are adequately trained and ensure that the patient has:

- Enough information to make a decision (informed consent)
- Made a decision (voluntary decision-making)
- The ability to make an informed decision (ability)

The nature of treatment (NHS or private) and all charges are clarified to the patient before it commences and s/he is provided with a written treatment plan and cost estimate. All team members are aware that once the consent has been given it may be withdrawn at any time and they will respect the patient's decision. If the team member is uncertain about the patient's ability to give informed consent they will consult their dental defence organisation for advice.

No person may provide consent for treatment of another adult and all healthcare professionals, including dentists, must have regard to the Mental Capacity Act Code. There is always a legal presumption of capacity and in order to give consent a person must be able:

- To understand relevant information
- To retain that information
- To use/weigh it up in decision-making process
- To communicate decision (speech, sign language or any other means)

If a person is thought to lack capacity a two stage test of capacity should be applied:

- Is there impaired/disturbed functioning of mind or brain for reasons of conditions associated with some forms of mental illness?
- Dementia
- Significant learning disabilities
- The long-term effects of brain damage
- Physical or medical conditions that cause confusion, drowsiness or

Loss of consciousness

- delirium
- Concussion following a head injury

- The symptoms of alcohol or drug use.
- Is it sufficient to believe that the person lacks capacity to make the particular decision?

Where there is reasonable belief or it is claimed that the person is not capable of making a decision for themselves the belief or claim must be evidenced. This should show, on the balance of probabilities, that the individual lacks capacity to make a particular decision, at the time it needs to be made. This means being able to show that it is more likely than not that the person lacks capacity to make the decision in question. A person has the right to refuse to be assessed for mental capacity to reach a decision and may not be coerced or forced into accepting assessment.

The dentist may require factual information from the GP regarding any clinical problems likely to impair mental functioning, but the dentist must himself assess the patient's capacity to make the particular decision to consent to the specific proposed treatment at that particular time. Where the patient is in the care of another, for reasons of their incapacity to make their own reasoned decisions, the dentist must maintain the best interests of the patient at all times; where there is conflict between the professional and carer, the ICMA will provide assistance.

The dentist may make a 'best interests' decision to treat a patient who lacks capacity without obtaining prior consent, but this must always follow the **Statutory Checklist** and be in line with the guidance given in the Code of Practice. The reasons for the decision should be carefully documented for legal reasons within the patient notes.

Patient Experience Policy

It is the aim of this dental practice to put patients at the heart of everything we do, working with them as partners in their patient-centred care to achieve a high level of patient satisfaction. All staff, volunteers and contractors, are responsible for ensuring that their behaviour and communications with each other, patients and the public contribute to the enhancement of the patient experience

To achieve these goals we:

- Make patients and visitors feel welcomed and informed
- Treat people with dignity and respect throughout the patient journey
- Work to improve health and tackle health inequalities
- Work towards improving access and waiting times
- Provide information for patients and carers in appropriate formats
- Maintain clear communications and foster involvement in decision-making about care
- Offer choice where appropriate
- Build closer relationships
- Provide safe, high quality dental care through teamwork
- Provide information about infection control measures so that patients feel safe
- Deliver dental care in a clean, comfortable, safe and friendly environment

Measurement of the patient experience

Patients and the public are included in the planning and evaluation of service provision and feedback that they provide via patient satisfaction, surveys, compliments and complaints

Review

The patient experience is reviewed annually in our clinical governance cycle to ensure that standards are maintained and improved.

Personal Development and Training

The practice is committed to providing planned training and development opportunities for team members to enable them to realise their potential and so make the best possible contribution towards delivering a high standard of treatment and service to patients. Each employee has a Training Record, which is reviewed during the annual staff appraisal meeting. During the meeting further training needs are established based on the GDC guidelines, individual's aspirations, performance and the development plan for the practice as a whole. Employees are encouraged to further their career through training both internally and externally, where appropriate, time off will be given for training.

Prevention and Public Health

The practice is committed to maintaining an evidence-based prevention policy for infection and disease oral diseases and conditions appropriate to the needs of the local population, which is consistent with local and national priorities. Clinical team members are appropriately trained to provide relevant information and guidance to patients including:

- The benefits of fluoridated toothpastes and other oral care products and providing patients (and parents/carers of young people) with appropriate oral hygiene instruction
- The promotion of healthy diets with less sugar and more fruit and vegetables
- A check on smoking status and appropriate advice on smoking reduction to lower the risk of periodontal disease and oral cancer
- Assessment of alcohol use to identify alcohol abuse and dependence, and if necessary put the patient in contact with local support services
- The screening of patients for early signs of mouth cancer
- The reduction of dental injuries by encouraging people to wear mouth shields for contact sports

Team members will be kept up-to-date with any changes required to this policy in line with the information provided by local and national health agencies.

Prevention strategy in accordance with 'Delivering Better Health'

This practice is committed to oral health through prevention. Patients are regularly screened for their gum condition, oral cancer and dental disease. Oral hygiene, dietary and lifestyle advice is given as needed. All patients are assessed for risk factors and advised accordingly. The relevant information on: tooth brushing, fluoride, diet and smoking cessation as found in 'Delivering Better Oral Health' is provided whenever it is appropriate and in the best interests of the patient. The care delivered encourages the prevention and early detection of ill health and enables the person to make healthy living choices.

The patient's general health is always assessed at check-up appointment and medical conditions are identified if possible and patients sent for the relevant referral. This policy applies to all team members, who are expected to familiarise themselves with the policy and provide patients with advice.

Raising Concerns (whistleblowing)

The practice is committed to complying with the Public Interest Disclosure Act 1998 and the GDC Standards for Dental Professionals 2005 on Principles of Raising Concerns.

All team members are aware that they must follow the GDC principles of raising concerns and 'put patients' interests first and act to protect them' if they believe that patients might be at risk because of:

- Their own health, behaviour or professional performance or that of another team member or;
- Any aspect of clinical environment

If action at the local level has failed or the problem is severe or there is a fear of victimisation, then the concern must be raised with the GDC. All team members who raise concerns about potentially illegal or dangerous practices are protected by the Public Interest Disclosure Act 1998 provided they:

- Are acting in good faith
- Honestly and reasonably believe the information to be true
- Are not raising concerns primarily for personal gain and
- Have raised concerns with the employer first (unless they reasonably believe that they would be victimised)

Recalls

When treating patients the practice follows the National Institute for Health and Clinical Excellence (NICE) interventional guidance. Patient recall periods are documented and individually designed.

Referral

There are processes for referral of patients to other providers if it is in the best interests of the patients. All practitioners fully explain the reasons for and implications of a referral. A referral is made when the practitioner is unable to undertake treatment. Practitioners only carry out treatment if they have been trained and are competent to do it.

Requests for treatment are always clear and the referral colleague is provided with all of the appropriate information.

If a practitioner is asked to provide treatment or clinical advice, the treating practitioner will ensure that they are clear about what they are being asked to do. GDC guidelines on referral are followed.

Staff are trained in its use and the implementation of the policy is monitored. There are processes in place to accept patients from referring practitioners.

There are robust arrangements to make sure that information sharing systems comply with the Data Protection Act 1998. See Data Protection.

Risk Management

The practice is committed to ensuring the safety of our patients and all team members. To this effect we have introduced this policy to identify all risks to them. All enquiries regarding this policy must be addressed to the Health and Safety Manager. We make best endeavours to remove risk and when this is not possible to reduce the risk to its minimum with appropriate control measures. Our risk management includes but is not limited to:

- Health and safety

- COSHH
- Infection control
- Clinical waste
- Water regulations
- Staff training and development
- Continuing professional development
- The safe use of x-ray equipment
- Clinical audit
- Financial risks such as controlling cash flow and private fee levels
- Violence and aggression at work
- Welfare at the workplace
- Employment conditions, contracts and documentation
- Patient complaints

Safe Use of X-ray Equipment

The practice is committed to ensuring the safety of our patients and all team members and to complying with all current regulations including IRME(R) 2000 and IRR99 for the safe use of radiographic equipment. All enquiries regarding this policy must be addressed to the Health and Safety Manager. Team members only operate x-ray equipment if properly trained and authorised to do so.

Statement of Purpose

Aims and Objectives

- Provide dental, oral health treatment and education to whole population.
- To ensure our activities are satisfactory towards patients, we will undertake satisfaction surveys and assess them on a quarterly basis, the results will be used to improve our service and implement changes where applicable.
- Arrange regular practice meetings to focus on training needs of staff to ensure patients' needs are being met.
- Following GDC guidelines and main ethical principles all patients and appropriate family members using our service will be more involved in the planning of their treatment. We will involve other professionals in the care of our patients where this is in the patients best interest, for example, referral for specialist care and advice
- The specific impact we will intend to have on the patients who use our services is an improvement in their dental health and future maintenance. The benefit of our service is that all treatments will be delivered to the highest standards following our ethical principles as set out but the GDC.

Legal Status

All professional members of staff who are providing dental advice/treatment to patients will maintain full registration under the GDC guidelines to include medical indemnity insurance.

Services Offered

Services will be offered by the Dental Hygienist/Therapist and Dentist.

The Dental Hygienist is a registered dental professional who will help patients maintain their oral health by preventing and treating gum disease and promoting good oral health practice. They will carry out treatment under the prescription from a dentist.

They will provide dental hygiene care to a wide range of patients/plan the delivery of care for patients to improve and maintain their periodontal health/obtain a detailed dental history from patients and evaluate their medical history/complete periodontal examination and charting and use indices to screen and monitor periodontal disease/provide preventive oral care to patients and liaise with dentists over the treatment of caries, periodontal disease and tooth wear/undertake supra gingival and sub gingival scaling and root debridement using manual and powered instruments/use appropriate anti-microbial therapy to manage plaque related disease/adjust restored surfaces in relation to periodontal treatment/apply topical treatments and fissure sealants/give patients advice on how to stop smoking/take, process and interpret various film views used in general dental practice/give infiltration and inferior dental block analgesia under prescription from dentist/place temporary dressings and re cement crowns with temporary cement/take impressions/identify anatomical features, recognise abnormalities and interpret common pathology, and carry out oral cancer screening/if necessary, refer patients to other health care professionals/placing rubber dam/tooth whitening only if appropriate training has been undertaken and under the prescription of the dentist.

The Dental Hygienist will not undertake any of the skills as follows:

The Dental Therapist is a registered dental professional who will carry out certain items of dental treatment under prescription from a dentist. The dental therapist will cover the same areas as the dental hygienist, but the therapists will also carry out direct restorations on permanent and primary teeth/carry out pulpotomies on primary teeth/extract primary teeth/place pre-formed crowns on primary teeth/plan the delivery of their patients care and tooth whitening if appropriate training has been undertaken and under the prescription of the dentist

The therapist will not carry out a patient's initial diagnosis or take overall responsibility for planning a patient's treatment and they do not undertake any of the skill areas described in the rest of this statement of purpose

The Dentist will carry out all of the treatments we have already mentioned as well as diagnosing disease/prepare comprehensive treatment plans (this is a strategic role as a treatment plan can be taken to any appropriate DCP – dentists are not the only dental health professionals to plan how to deliver care, but they have an overall long-term responsibility for the treatment)/prescribe and provide endodontic treatment/prescribe and provide fixed and removable prostheses/surgical treatments (e.g. extractions)/treat oral trauma/treat dental disease, including caries and periodontal disease/prescribe and provide crowns and bridges/prescribe & administer local anaesthetic/prescribe drugs as part of dental treatment/prescribe and interpret radiographs

The following treatments will be referred to outside specialists when required:

Complicated endodontic treatment/orthodontic treatment/oral surgery/periodontal surgery/patients who need to be treated under general anaesthesia, inhalational and intravenous conscious sedation and implants.

Locations

Westwood Dental Practice. On the ground floor there will be a reception area, main dental surgery, disabled patient toilet and a separate sterilisation room. The downstairs areas will meet with the Disability guidelines to ensure the whole population can access dental care. Surgery two will be accessed by stairs (no disabled access) and the breakout room will also be on the 1st floor. All dental/hygiene and therapy treatments will be provided within these areas.

Sustainable Development

The practice is committed to promoting the conservation, sustainable management and improvement of the environment and to minimising the environmental impact of its activities. The practice aims to achieve this by:

- Taking sustainable development into account in its policies, plans and decisions
- Encouraging its staff to work in an environmentally responsible manner and to play a full part in developing new ideas and initiatives
- Encouraging its visitors and patients to take responsible action in terms of environmentally sustainable best practice
- Minimising its consumption of natural resources.
- Reduce carbon emissions where possible such as using low energy ways in which to interact with its partners
- Seeking to reduce reliance on the private car
- Choosing sustainable goods and services

The practice, working with its staff and suppliers, will:

- Reduce emissions from its buildings through energy management such as turning off lights and equipment, reducing the temperature of the heating and using good standards of insulation
- Maximise recycling arrangements
- Minimise waste by reducing and reusing non-clinical products where appropriate
- Reduce where possible clinical waste
- Raise awareness of sustainable development at the practice
- Reduce the printing of paper forms and records
- Reduce business travel by promotion of video and telephone conferencing
- Reduce water consumption
- Comply with all environmental legislation and codes of practice

Other resources

The practice aims to minimise its consumption of other resources, including dental materials, gas, paper, tissues, paper towels and other consumables.

Recycling

The practice will encourage its staff members to use the appropriate internal and external recycling facilities provided for paper, cardboard, glass and plastics.

Mercury Management

The practice will ensure that all water from dental equipment passes through an efficient mercury trap.

Suppliers

The practice will prefer suppliers who have sustainable policies and procedures.

Treatment Planning

Every patient is assessed to identify their individual needs and choices at the consultation appointment. Everyone has a written personalised care plan, which details their individual needs and choices. Everyone's care plan is reviewed on an on-going basis with the involvement of the person. The assessment and care planning processes takes account of guidance and research relating to the care and treatment of patients.

Treatment plans are provided to all patients who need to have treatment and informed consent is always obtained and recorded before treatment is commenced.

Any variations to the treatment plan are noted on the treatment plan and the patient is asked to sign to confirm acceptance before the varied treatment is carried out.

Patient Payment

The practice is committed to providing a high standard of treatment and service to our patients whilst ensuring that treatment fees are collected on time. Team members are expected to make every effort to avoid a difficult situation arising with a patient over payment of fees. The use of court action or debt collectors as a means of obtaining settlement of outstanding accounts will only be considered when all reasonable steps to obtain payment have first been taken in writing.

Patients will be made aware of the fees, payment methods and conditions when their appointments are made. Private patients will be asked to sign a private treatment plan and estimate. It will be explained to all fee-paying patients when they will be expected to pay fees with the full balance due at the final appointment. Hygiene appointments, a 50% deposit at booking and a 25% deposit for materials covering any laboratory work In case of an outstanding fee after the end of treatment the following procedure will be followed:

- The patient will be mailed a bill by first class post
- If the bill is not paid within 4 weeks a second bill will be sent
- If the account is still outstanding 2 weeks after the second bill, a reminder will be sent by mail asking for payment by return
- Review for any further treatment will then be assessed by the practice

Requirement where the service provider is a body other than a partnership

People who use services have their needs met because the management is supervised by an appropriate person. This is because providers who comply with the regulations has a nominated individual who:

- Is of good character
- Is physically and mentally able to perform their role

- Has the necessary qualifications, skills and experience to supervise the management of the regulated activity

Requirements relating to registered managers

People who use services have their needs met because it is managed by an appropriate person. This is because should the provider elect a Registered Manager he or she will:

- Be of good character
- Be physically and mentally able to perform their role
- Have the necessary qualifications, skills and experience to manage the regulated activity

Registered person: training

People who use services have their care, treatment and support needs met because there is a competent person leading the service. This is because the providers who complies with the regulations will undertake appropriate training.

Violence and Aggression at Work

The practice is committed to providing a safe working environment by minimising the risk of violent and aggressive behaviour at work. The working environment is defined as the practice premises and other premises where work is undertaken as part of the person's official duties including, travelling to and from the other than practice premises. The practice defines violence and aggression as 'any incident in which a person is abused, threatened or assaulted in circumstances relating to their work' including threats against the practice staff, verbal abuse (shouting, swearing, rude gestures) psychological abuse or physical attacks.

Patient Complaints

Complaints Handling Policy

We take complaints very seriously because we want all our patients to be happy with our services. Our reputation is very important to us and in the event of a complaint we will ensure prompt action to ensure the matter is resolved as quickly as possible. As with all our services we want to handle your complaint in the same manner as we would want our own complaints dealt with.

We really would like to encourage our patients to give us feedback when they are unhappy as this will really help us improve the services that we provide to you.]

Please be assured that any complaint will be dealt with in a confidential, caring and sensitive manner and will not have a negative effect on your treatment.

The person with overall responsibility for dealing with complaints is the Practice Owner/Manager – Vicky White. However, you should not hesitate to raise any matter with any member of the practice team in the first instance.

On receipt of your complaint we will endeavour to respond in writing or by phone as soon as possible.

If we cannot sort your complaint immediately then we will endeavour to send an acknowledgement letter within 3 practice working days and never any later than 10 practice working days. We will keep in contact with you regularly so than we can update you with the progress of our investigation.

We will keep in touch with you by phone and give reasons for any delays and the likely period within which the investigation will be completed.

The full response may initially be given at a meeting or by telephone if the patient prefers, and then confirmed in writing.

If, however, we have failed to satisfy your complaint then you may wish to refer the matter to:

The GDC Dental Complaints - <http://www.dentalcomplaints.org.uk>

The Care Quality Commission – Telephone 03000 616161 – 103-105 Bunhill Row, London, EC1Y 8TG

The Dental Complaints Service (private treatment only) – telephone 08456 120540 The Lansdowne Building, 2 Lansdowne Road, Croydon, Greater London, CR9 2ER

We will do everything possible to satisfy your complaint but In the event that we can't and matters proceed to legal processes against the practice, we may need to provide information about the patient and the treatment received to our dental defence organisation, insurers and legal advisors in strict accordance with our Data Protection Policy.