**Chapel House Dentistry**

**Quality Assurance Management and Procedures Policy**

This is the quality assurance management policy of Chapel House Dentistry

The person responsible for quality assurance management is Christine Rubery

Our practice aims to provide dental care of a consistent quality for all patients; we strive to meet the high standards expected in any clinical setting. We expect all members of our dental team to work to these standards to help us achieve our aim of providing a quality service. Our management systems define each practice member’s responsibilities when looking after you.

The policies, systems and processes in place in our practice, reflect our professional and legal responsibilities and follow recognised standards of good practice.

At Chapel House Dentistry, we aim to achieve the best results for our patients through clear policies and systems and appropriately trained and competent team members. We evaluate our practice on a regular basis through audit, peer review and patient feedback and monitor the effectiveness of our quality assurance management procedures.

• We work with external agencies, including the British Dental Association and the Dental Defence Union.

**Quality Standards and Procedures**

Chapel House Dentistry has effective procedures for assuring and enhancing the quality of the services we provide for our patients.

**To provide our patients with care of a consistent quality, we will:**

• Provide a safe and welcoming environment

• Ensure all members of the dental team are appropriately trained

• Provide patient with information about the practice and the care available and ensure the patient understands the terms on which care is offered

• Display indicative treatment charges

• Explain all treatment options and agree clinical decisions with the patient explaining the possible risks involved with each option

• Provide treatment plans based on the agreed treatment with an estimate of the likely costs

• Obtain valid/written consent for all treatment.

• Refer to specialists for investigation or treatment as appropriate and without undue delay

• Maintain contemporaneous clinical records with an up-to-date medical history for all patients

• Provide secure storage of patient records to maintain patient confidentiality

• Explain the procedure to follow for raising a complaint about the service, identifying the practice contact

**For our dental team, we undertake to:**

• Provide a safe working environment through hazard identification and risk assessment

• Provide induction training for all new team members

• Provide job descriptions and contracts of employment to all members of staff

• Review and update job descriptions annually to reflect current duties and responsibilities

• Agree in writing the terms for all self-employed contractors working at the practice

• Provide ongoing training and identify opportunities for development for all employees

• Maintain staff records ensuring the following information is up to date: - relevant medical history information - emergency contact details - absence through holiday and sickness - performance reviews - in house and external training

• Ensure that all staff are kept up to date with all practice policies and procedures, including patient charges and the relevant forms

**The Dental Team**

* Team members implement and adhere to the practice policies and procedures which are readily accessible. All practice policies are kept in the manager’s office in a number of Clinical Governance files for ease of access

* All new members of the team receive training in practice-wide procedures, policies and quality assurance activities as part of their induction. Appraisal meetings take place annually and include an assessment of training needs

**We expect everyone working at the practice to**

• Understand our aims and objectives

• Have an understanding of the skills and competencies required to deliver the services successfully

• Understand and participate in our quality assurance activities.

• Understand how to deal with medical emergencies.

**Dentists and, where appropriate, hygienists also understand the policies and procedures for:**

• Referring patients

• Requesting work from laboratories

• Ordering materials and equipment

• Clinical governance requirements and CQC standards of quality and safety

• Professional and legal requirements affecting dentistry.

All GDC registrants meet their continuing professional development requirements and, as required by the GDC, maintain records of their individual CPD activity. In addition, the practice maintains records of all practice-wide training it provides and training provided for individual members.

**Policies and Procedures**

The following policies and procedures are in place in the practice and reviewed at least annually to ensure their relevance and currency:

• Child and vulnerable adult protection

• Commitment to staff

• Complaints handling

• Confidentiality

• Consent

• Data protection and data security

• Email and internet usage

• Employment policies and procedures:

o Adoption. maternity, paternity and parental leave

o Annual leave

o Bullying and harassment

o Disciplinary matters

o Grievance

o Redundancy

o Retirement

o Sickness/injury absence and pay

o Stress

o Staff appraisals

o Training

o Underperformance (whistleblowing)

• Equal opportunities

• Health and safety policies and protocols - Electrical appliance test records - Fire precautions and risk assessment - Health and safety - Infection control - Radiation safety - Risk assessment, including COSHH - Healthcare waste disposal

• Patient feedback questionnaire

• Patient fees – collecting money and refunds

• Patient referral

• Staff satisfaction survey

• Violence and aggression policy

**Audit**

We undertake regular audits of our procedures and protocols to monitor our service to our patients. On a regular basis, we consider:

**Inputs**

• Number of adult patients treated

• Number of child patients

**Outcomes**

• Oral health achievements as a direct result of our intervention.

**Effectiveness**

• Patient views of effectiveness in improving their oral health

• Patient satisfaction levels

**Efficiency**

• Patient retention rate

• Referrals to other healthcare professionals for advice and/or treatment

• Quality of data collection

**Quantitative Data**

On a monthly basis, we record the following:

• Total number of patients seen

• New patients seen

• Failed appointments (and unused time)

• Where one exists waiting list numbers – for assessment and for treatment

• Patient safety incidents and the outcome of investigations

• Positive feedback and compliments

• Complaints and negative comments.

**Qualitative Data**

We record the following qualitative data:

• Results of patient and service audits and improvements

• Complaint trends and actions taken to improve the service

• Waiting times and evidence of demand management

• Staffing and staff turnover

• CPD activity on individual and practice-wide basis

• Case mix of clinical presentation and procedure outcome

• Results of annual patient satisfaction survey on a sample number of patients.

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