As it dawns on us all, we will all be faced with an inspector calling from CQC (if you haven’t had one already). The question is: Are you Prepared?

In this series of articles, I will be writing tips on achieving compliance based on the several outcomes CQC are looking at.

As a reminder of the tips in part 1 - they included confidentiality, patient records, complaints procedures etc.

As a reminder of the tips in part 2 - they included Good patient communication, emergency protocols, Safe practice environments etc.

This article will be based on:

OUTCOME 7: Safeguarding patients from abuse.

The regulations of Outcome 7 look at things like the way in which we protect our patients against the risk of abuse and that we do not tolerate any abusive behaviour should it occur. This can be measured in the way we make arrangements within our individual practices to ensure the patients are safe by means of having correct policies and procedures in place. Patients who come to our practices should feel they are protected and that their human rights are respected and upheld.

Although my tips cover only a few areas of this outcome, I hope you find them useful in complying with CQC. This is a very important topic and for ease I have categorised it.

The four main areas in practice include: The patient focus, The staff focus, The clinician focus and The practice management focus.

TIP 1 - have a complaints procedure and policy in place

Patients should know that if they have any concerns, they can speak to somebody about it. A complaints procedure should be readily followed by all staff and more importantly the patients should feel they are able to discuss issues with the practice. A complaints policy should

Five easy ways to help achieve smoother CQC compliance

Shilla Taliti provides some advice on Outcome 7

The patient focus

The patients should benefit from the fact that the practice works in collaboration with other services, teams and individuals in relation to safeguarding matters; and that these procedures link up with local authorities. They should feel confident that their children are treated by a team who understands their responsibilities in line with the Children’s act 2004.

TIP 1 - have a complaints procedure and policy in place

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‘Patients who come to our practices should feel they are protected and that their human rights are respected and upheld’
be displayed somewhere for the patients to see it easily, for ex-
ample in the waiting room.

The incidents raised by pa-
tients, their concerns and what their actual complaint is should be logged, monitored and re-
sponded to within the normal requirements set out in your policy.

The clinician focus
There are two aspects to the clinician’s duty. One to protect the patient from abuse and sec-
ondly to heed any warning signs that may be evident from the pa-
tient of abuse. This could be, in the form of emotional or physi-
cal abuse etc.

If you suspect any of the dentists/hygienists to be in the direct line of abusing the pa-
tient, then this is a breach of our duty and the correct measures should be followed by staff in order to protect the patient. See Tip 3 on whistle-blowing.

The staff focus
TIP 2 - All clinical staff should have and enhance CRB check done
All members of the clinical team should have an enhanced CRB check done. The only time you may not want to, perhaps, is for a receptionist for whom you may want to carry out a comprehen-
sive risk assessment.

TIP 5 - have a whistle-blowing policy in place
The practice staff should have the confidence to report con-
cerns without worrying about the consequences and they should know their rights un-
der The Public Disclosure Act 1998 for whistle blowing. These concerns may be in the form of abuse (verbal, physical etc).

The staff should feel that they can disclose something and are protected when doing so. The disclosure should be made to the appropriate body like the practice manager, partner, PCT or the health and safety executive.

The practice management focus
All members of our dental team should have a personal responsibility for safeguarding patients. The staff should un-
derstand the signs of abuse and know who to go to, if they have any concerns.

Tip 4 - have a vulnerable adult’s policy and staff training on it
This is mostly where a patient is 18 years of age or over and they are not able to look after them-
selves or protect themselves from harm or being exploited. This can include the elderly, people with mental illnesses, physical disabilities etc.

It is useful to have a policy which clearly outlines the pro-
cedures for staff members to follow and states their respon-
sibilities to the patients. It is always useful to have the local contacts for adult safeguarding board near you, on the policy.

Staff should be regularly trained on this aspect and they should all be aware of what to do if they suspected miscon-
duct. A training log is useful to show compliance in this area.

Tip 5 - have a child protection policy and staff training
The policy could have things such as:
• That your commitment to safeguarding children?
if they are especially fearful of local anaesthetic injections. Whilst the primary purpose of such an action would be to re-
assure the patient, there is the possibility that the patient may want to grab the dentists hand whilst they were using the drill
The act requires two condi-
tions to be satisfied if, ever you or your staff used the restraint:
• Reasonably believe that the restraint is absolutely necessary to prevent the person coming to harm
• Ensure the restraint used is reasonable and in proportion to the potential harm.

As with all management ar-
eas, these are not the only poli-
cies relating to this subject. You may want to have other policies in place too for example a Hu-
mans rights policy, a policy on aggression and violence etc.

Holding various staff meet-
ings and communicating with your staff will help to achieve continuity of practice proce-
dures and policies. Audits too are a way of improving our ser-
ices to patients and regular audits carried out may help to demonstrate our compliance to CQC. There are many ways to show your compliance of this outcome and the tips above are only a few of them. The method of compliance for each practice will be individual to that prac-
tice.

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