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.

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
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

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The confidence to report concerns without worrying about the consequences and they should know their rights under 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 understand 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 themselves 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 procedures for staff members to follow and states their responsibilities 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 misconduct. 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:
- What your commitment is to safeguard children
- How you will undertake to safeguard children
- All staff are all trained on child protection
- That you may share information about concerns with other agencies who need to know
- That you will follow appropriate management to supervision, support and training

It may be useful to have a nominated lead for safeguarding issues within the practice so that all staff and patients know who to raise a concern with.

Extra tip - restraints in dental practice
Restraint policies are rare in dentistry but some CQC inspections have been asking for them. There are very few situations in dentistry where restraints would ever be appropriate. Examples include:
- If they are especially fearful of local anaesthetic injections. Whilst the primary purpose of such an action would be to reassure the patient, there is the possibility that the patient may want to grab the dentists hand whilst they were using the drill if they are fearful.
- If they are extremely incoherent.

The act requires two conditions 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 areas, these are not the only policies relating to this subject. You may want to have other policies in place too for example a Human rights policy, a policy on aggression and violence etc.

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Holding various staff meetings and communicating with your staff will help to achieve continuity of practice procedures and policies. Audits too are a way of improving our services 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 practice.

About the author:
Dr Shilla Talati is a partner MD of Dental Perfection and has a special interest in the managing side of her dental practice. She also writes several articles on compliance and is also involved with medico-legal aspects of patient care. To contact Shilla please email her on shillatalati@yahoo.co.uk