Quality Management Policy and Procedures Document

Belur Orthodontics aims to provide orthodontic care of a consistent quality for all patients and strives to meet the highest standards expected in any clinical setting. All members of the dental team are expected to work to these standards to help achieve the provision of quality service, and this is achieved by implementing a management system that defines each practice member's responsibilities in the practice.

The policies, systems and processes in place in our practice reflect our professional and legal responsibilities and follow recognised standards of good practice. We evaluate our practice on a regular basis through audit, peer review and patient feedback and monitor the effectiveness of our quality assurance procedures.

We work with external agencies, including CODE, the British Dental Association, the primary care organisations and Practice Plan.

Quality standards and procedures

Belur Orthodonticshas effective procedures for assuring and enhancing the quality of the services we provide for our patients.

In providing 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 patients with information about the practice and the care available and ensure that 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 consent for all treatment. Written consent will be sought for extensive or expensive treatments and treatment provided under conscious sedation.
- 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 orthodontic 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.

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

The orthodontic team

Team members implement and adhere to the practice policies and procedures that are readily accessible in the practice.

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.
- Dealing with emergencies, including a collapsed patient.

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 protection
- Commitment to staff
- Complaints handling
- Confidentiality
- Consent
- Data protection and data security
- Email and internet usage
- Employment policies and procedures:

  - Adoption, maternity, paternity and parental leave
  - Annual leave
  - Bullying and harassment
  - Disciplinary matters
  - Grievance
  - Redundancy
  - Retirement
  - Sickness/injury absence and pay
  - Stress
  - Staff appraisals
  - Training
  - 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 patients treated
- Number of patients treated by specific groups
- Number of Case Starts (total number of commissioned UOAs divided by 22.5 - in line with agreement established with the profession) % UOAs assess and accept compared to total UOAs delivered
- A total of 20 cases to be PAR scored by an independent calibrated examiner and conform to BOS standards on an annual basis (10 consecutive cases, six monthly between April and September and October and March, randomly selected by Dental Services)
- Case Starts vs Case Completions (annual)
- PROMS/PREMS around patient experience – these are based on national patient survey produced by Dental Services on behalf of NHS England
- There must be active clinical7 participation in the Orthodontic Managed Clinical Network (MCN)

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)
- 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

Clinical Governance

Belur Orthodonticsuses clinical governance to ensure we deliver a consistent standard of care to our patients. We are an Orthodontic practice, our clinical governance framework incorporates the following 12 themes of the NHS clinical governance framework:

1. Infection control
2. Child protection
3. Dental radiography
4. Staff, patient, public and environmental safety assessment
5. Evidence-based practice and research
6. Prevention and public health

7. Clinical records, patient privacy and confidentiality
8. Staff involvement and staff development
9. Clinical staff requirements and development
10. Patient information and involvement handling, patient feedback
11. Fair and accessible care
12. Clinical audit and peer review

In relation to clinical governance:

- Everyone understands what the practice is supposed to do
- Everyone understands their role in delivering the service
- We monitor all our policies and procedures and how these are implemented
- We conduct internal audits
- We share information and encourage staff members to raise any issues
- We allow for CPD, staff training and development
- We review our policies and procedures on a regular basis to identify where improvements can be made

We allow for (and encourage) patient suggestions.

Additionally,

1. We aim to provide dental care of a consistently good quality for all patients.
2. We only provide care that meets our patients' needs and wishes.
3. We aim to make our patients' treatment as comfortable and convenient as possible.
4. We will look after our patients' general health and safety while they receive dental care.
5. We follow national guidelines on infection control.
6. We check for mouth cancer and tell patients what we find.
7. We take part in continuing professional development to keep our skills and knowledge up to date.
8. We train all staff in practice-wide work systems and review training plans once a year.
9. We welcome feedback and deal promptly with any complaints.
10. Every member of the practice is aware of the need to work safely under GDC guidelines.

Review

This policy will be subject to regular review and will be updated annually. Date: 11.11.2021