

# **BDA guidance**

**Care Quality Commission**

**Essential standards of  
quality and safety**

The CQC's guidance *Essential standards of quality and safety* describes what providers should do to ensure that those who use health and adult social care services receive services that meet essential standards of quality and safety. The guidance is based on outcomes rather than systems and processes and places the views and experiences of those who use services at its centre.

The CQC's guidance is generic; applying to all providers of health and adult social care. We have interpreted the outcomes for dentistry to help you comply with the CQC's requirements.

The essential standards of safety and quality consist of 28 outcomes, which have been grouped into six key areas:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Quality and management
- Suitability of management

Sixteen of these outcomes relate most directly to the quality of safety and care and will be the focus of CQC checks for compliance:

#### *Involvement and information*

- Outcome 1 Respecting and involving people who use services
- Outcome 2 Consent to care and treatment

#### *Personalised care, treatment and support*

- Outcome 4 Care and welfare of people who use services
- Outcome 5 Meeting nutritional needs
- Outcome 6 Cooperating with other providers

#### *Safeguarding and safety*

- Outcome 7 Safeguarding people who use services from abuse
- Outcome 8 Cleanliness and infection control
- Outcome 9 Management of medicines
- Outcome 10 Safety and suitability of premises
- Outcome 11 Safety, availability and suitability of equipment

#### *Suitability of staffing*

- Outcome 12 Requirements relating to workers
- Outcome 13 Staffing
- Outcome 14 Supporting workers

#### *Quality and management*

- Outcome 16 Assessing and monitoring the quality of service provision
- Outcome 17 Complaints
- Outcome 21 Records

The BDA's guidance concentrates on these outcomes. We have included guidance on outcome 3 (fees) as it relates to other requirements concerned with communication and consent. Ensuring that patients understand the costs involved with treatment and what these costs cover is recognised good practice.

For each of these outcomes, the BDA's guidance:

- Identifies the relevant underpinning legislation
- States the CQC requirement
- Provides suggestions on what you might do to comply with the requirement
- Suggests how you might demonstrate compliance and which policies and protocols might help
- Identifies sources of useful information

The remaining outcomes are listed below. Where the outcomes are relevant to dentistry we will provide guidance, at a later date, to help you comply with the requirements. Some of these outcomes will not apply.

#### *Information and involvement*

Outcome 3 Fees (included above)

#### *Quality and management*

Outcome 15 Statement of purpose

Outcome 18 Notification of death of a person who uses services

Outcome 19 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1993

Outcome 20 Notification of other incidents

#### *Suitability of management*

Outcome 22 Requirements where the service provider is an individual or partnership

Outcome 23 Requirement where the service provider is a body other than a partnership

Outcome 24 Requirements relating to registered managers

Outcome 25 Registered person: training

Outcome 26 Financial position

Outcome 27 Notifications – notice of absence

Outcome 28 Notifications – notice of changes

*Note: we will revise and update this guidance as more information becomes available and we receive feedback from members on their experiences. Please check the [BDA's website](#) for the latest version.*

## Outcome 1: Respecting and involving patients

*This outcome reflects the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

#### People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

#### Those acting on behalf of people who use services:

- Understand the care, treatment and support choices available to people who use services.
- Can represent the views of the person using the service by expressing these on their behalf, and are involved appropriately in making decisions about their care, treatment and support.

#### This is because providers who comply with the regulations will:

- Recognise the diversity, values and human rights of people who use services.
- Uphold and maintain the privacy, dignity and independence of people who use services.
- Put people who use services at the centre of their care, treatment and support by enabling them to make decisions.
- Provide information that supports people who use services, or others acting on their behalf, to make decisions about their care, treatment and support.
- Support people who use services, or others acting on their behalf, to understand the care, treatment and support provided.
- Enable people who use services to care for themselves where this is possible.
- Encourage and enable people who use services to be involved in how the service is run.
- Encourage and enable people who use services to be an active part of their community in appropriate settings.

Patients should be allowed to take part in decisions about their care and be treated with dignity and respect. You need to ensure that patients participate in these decisions about their care, understand the care they are getting, are treated properly and well and are encouraged to give feedback.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

## Involvement and information

### *Involving patients*

- Discussions should take place in an environment where conversations are not overheard and every effort is made to ensure the patient feels comfortable and relaxed.
- Identify whether communication aids are required, including the use of interpreters, to ensure that the patient fully understands your explanations and discussions and can make informed choices.
- In consultation with the patient, identify their treatment needs and treatment options, identifying also what they can do to manage their care.
- Discuss all care and treatment options, providing sufficient information on any risks involved and potential consequences of each option and, where possible, identifying relevant evidence, research or experience.
- Record discussion in the patient notes identifying the treatment needs, options discussed and patient's choice.
- The reason for and outcome of diagnostic tests and assessments are explained to the patient. These include, for example, radiographs, vitality tests, periodontal indices and pathology tests.
- All staff at the practice understand the principles of patient confidentiality and routinely follow the practice procedure for ensuring confidentiality of patient information.

### *Managing risks*

- Patient choices and preferences are respected but where a patient's preferred treatment cannot be followed, the reasons are explained fully.
- A treatment plan, which identifies any costs involved, is developed and a copy given to the patient.
- Where another person is acting on behalf of the patient, they are involved in the discussions about the care and treatment needs of the patient, following the same procedures as for the patient.
- Agreed patient pathways are followed routinely and ensure that a consistent approach is adopted.

### *Promoting choice*

- The patient is given sufficient information in an appropriate form to allow them to make choices.
- Patients are invited to ask questions and consider their views about their care, treatment needs and options. Allow the patient time to make a decision/choice about their treatment.
- Social and cultural diversity, values and beliefs that may influence the patient's decision about their care are recognised and respected.
- All patients of the practice know how to raise a concern or complaint about the service received and how it will be dealt with.
- Periodic feedback from patients is sought through, for example, patient surveys, general discussion.

## **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might use:

- Patient records showing patient involvement in treatment planning
- Record card audit showing frequency of patient involvement in treatment planning
- Patient feedback from formal surveys and general discussion.

## Involvement and information

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Confidentiality policy
- Data protection policy
- Complaints policy
- Diversity and human rights policy.

Staff training records that detail where relevant training has been provided or undertaken will also help.

## Useful information

### [BDA Advice sheets](#)

- [Data protection \(advice sheet B2\)](#)
- [Handling complaints \(advice sheets B10 and B11\)](#)
- [CPD, clinical audit and peer review \(advice sheet E10\)](#)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

### FGDP

- [Selection Criteria for Dental Radiography](#)
- [Pathways in Practice](#)
- [Adult Antimicrobial Prescribing in Primary Dental Care for General Dental Practitioners](#)
- [Clinical Examination and Record Keeping: Good Practice Guidelines](#) 2nd edition, published 2009
- [Guidance for the Management of Natural Rubber Latex Allergy in Dental Patients and Dental Healthcare Workers](#)

GDC Guidance – standards for dental professionals

- [Principles of patient confidentiality](#)
- [Principles of complaints handling](#)

## Clinical guidelines

The Royal College of Surgeons of England, Faculty of Dental Surgery

- [Clinical guidelines](#)

NICE guidelines

- [Dental recall – recall interval between routine dental exams](#) (October 2004)
- [Wisdom teeth – removal](#) (March 2000)
- [Tooth decay – HealOzone](#) (July 2005)

Scottish Intercollegiate Guidelines Network (SIGN)

- [Management of unerupted and impacted third molar teeth](#) (SIGN publication 43, March 2000)
- [Preventing dental caries in children at high caries risk](#) (SIGN publication 47, December 2000).
- [Prevention and management of dental decay in the pre-school child](#) (SIGN publication 83, November 2005).

## Outcome 2: Consent to care and treatment

*This outcome reflects the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

This is because providers who comply with the regulations will:

- Have systems in place to gain and review consent from the people who use services and act on them.

Patients should understand and agree to the care and treatment they get, so you need to ensure that you allow this to happen.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Consent*

- All members of the team understand the principles of obtaining consent, including when verbal or implied consent is acceptable and when written consent is needed.
- The practice has clear procedures for obtaining consent from patients, including guidance on
  - children who may or may not be able to give consent
  - identifying patients who are unable to give consent
  - respecting the cultural, social values and beliefs of patients.
- Consent can only be obtained by someone who has sufficient information about the patient and the treatment options they are considering, including the risks, benefits and alternative options (as required in outcome 1).
- Patients are given time to give consent to agreed treatment, if requested.
- Where the patient cannot give valid consent, best interest meetings are held with people who know and understand the patient.
- Where the patient refuses treatment, the risks and benefits of refusing treatment and the alternate options are explained.
- Consent is ongoing and can be withdrawn by the patient at any time.

### *Confidentiality*

- All staff at the practice understand the principles of patient confidentiality and routinely follow the practice procedure for ensuring confidentiality of patient information (as required in outcome 1).
- Where a child is competent to make their own decisions, confidentiality of information is respected if requested.

## Demonstrating compliance

If you are asked to show how you comply with this requirement, you might use:

- Patient records showing patient consent obtained
- Record card audit showing frequency of patient consent
- Patient feedback from formal surveys and general discussion.

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Consent policy
- Confidentiality policy
- Data protection policy
- Diversity and human rights policy.

Staff training records that detail where relevant training has been provided or undertaken will also help.

## Useful information

### [BDA Advice sheets](#)

- Ethics in dentistry (advice sheet B1)
- Data protection (advice sheet B2)
- CPD, clinical audit and peer review (advice sheet E10)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

GDC Guidance – standards for dental professionals

- [Principles of patient consent](#)

## Outcome 3: Fees

*This outcome reflects the requirements of Regulation 19 of the Care Quality Commission (Registration) Regulations 2009*

### CQC requirement:

People who use services or others acting on their behalf, who pay the provider for the services they receive:

- Know how much they are expected to pay, when and how.
- Know what the service will provide for the fee paid.
- Understand their obligations and responsibilities.

This is because providers who comply with the regulations will:

- Be transparent in the information they provide about any fees, contracts and terms and conditions, where people who use services are paying either in full or in part for the cost of their care, treatment and support.

Patients need to know how much they have to pay and when. You need to ensure that you provide patients with sufficient information about what they have to pay and make them aware of any rules that apply to them about paying for their care (in-house, NHS, or capitation scheme rules, for example).

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Practice procedures*

- Where patients are required to pay for their care, they are told the costs involved and are given time to consider whether to proceed, without being pressurised.
- Patients receive copies of any agreement they enter into and know the terms for cancelling the agreement.
- Patients are offered receipts for any money they pay.

### *Patient choices*

- Patients are able to discuss with their providing clinician the proposed treatment and associated costs.
- Patients receive a copy of the treatment plan together with an estimate of the costs involved, information about what the fee is and what it covers, when payments are due and the terms under which treatment is being offered.
- All unplanned or unexpected treatment and costs are agreed with the patient before being undertaken.
- Patients understand how to make payments and receipts are provided for all payments received. A full statement of all payments made by the patient to the practice is provided on request.

## **Demonstrating compliance:**

If you are asked to show how you comply with this requirement, you might use:

- Patient records showing the treatment plan and estimate of costs provided
- Patient information leaflet describing the terms and methods of payment
- Patient feedback from formal surveys and general discussion

Practice policies and protocols will help to show that you have systems in place to help you ensure a consistent approach. A practice policy for collecting money from patients could be useful.

Staff training records that detail where relevant training has been provided or undertaken will also help.

## **Useful information**

### [BDA Advice sheet](#)

- Fee collection (advice sheet C2)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

GDC Guidance

[Standards for dental professionals](#)

## Outcome 4: Care and welfare of people who use services

*This outcome reflects the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

This is because providers who comply with the regulations will:

- Reduce the risk of people who use services receiving unsafe or inappropriate care, treatment and support by:
  - assessing the needs of people who use services
  - planning and delivering care, treatment and support so that people who use service are safe, their welfare is protected and their needs are met
  - taking account of published research and guidance
  - making reasonable adjustments to reflect people who use services needs, values and diversity
  - having arrangements for dealing with foreseeable emergencies.

Patients should be given the right care to meet their needs and given the best care possible. You need to show that you identify your patients' needs and ensure treatment is up-to-date and provided safely.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Assessment, planning and delivery*

- Clinicians keep up-to-date with clinical standards and guidance.
- An assessment of individual circumstances and needs is undertaken at the initial appointment.
- The assessment process encourages prevention and early detection of factors that present a risk to the patient's oral and overall health.
- The patient is involved in the assessment, planning and delivery of their care, which reflects their needs, preferences and diversity.
- Risks are identified and discussed with the patient to allow them to take informed decisions
- Effective communication ensures continuity of care

### *Managing risks*

- Adverse incidents, errors and near misses are investigated fully to minimise the likelihood of these being repeated. The patient is provided with a full explanation of what happened, what action is being taken as a result and an apology.

- Relevant safety notices – for example from the MHRA and NPSA – are noted and acted upon within required timescales.
- There are procedures in place for dealing with foreseeable emergencies – for example, medical emergencies including a collapsed patient, fire requiring evacuation of premises.
- Practice systems ensure that patients know the names of the staff involved in their care, treatment and support.

#### *Promote choices*

- Patients are given sufficient information to allow them to make informed decisions and are able to involve others of their choice when they are unable to do so.
- Diagnostic tests and assessments are analysed by appropriately qualified staff and following relevant guidelines.
- Child patients are fully informed of their care and, as far as possible, participate in decision making, including whether they agree to their parents or guardians being involved in the decisions to be made.

### **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might use:

- Patient records showing patient involvement in treatment planning
- Notes of meetings where adverse/untoward incidents have been discussed and the changes to practice arrangements agreed
- Records showing that staff are appropriately trained
  - to deal with medical emergencies that might occur within the practice, including dealing with a collapsed patient
  - to analyse diagnostic tests and assessments

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Dealing with a foreseeable emergencies
- Managing untoward and adverse incidents
- Consent policy

Staff training records that detail where appropriate training has been provided or undertaken will also help.

### **Useful information**

#### [BDA Advice note](#)

- [Patient safety in general practice - managing adverse and untoward incidents](#)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

National Patient Safety Agency

- [Seven steps to patient safety for primary care](#)

Medicines and Healthcare products Regulatory Agency (MHRA)

- [Safety warnings, alerts and recalls](#)

## Clinical guidelines

The Royal College of Surgeons of England, Faculty of Dental Surgery

- [Clinical guidelines](#)

NICE guidelines

- [Dental recall – recall interval between routine dental exams](#) (October 2004)
- [Wisdom teeth – removal](#) (March 2000)
- [Tooth decay – HealOzone](#) (July 2005)
- [Antimicrobial prophylaxis against infective endocarditis](#) (March 2008)

Scottish Intercollegiate Guidelines Network (SIGN)

- [Management of unerupted and impacted third molar teeth](#) (SIGN publication 43, March 2000)
- [Preventing dental caries in children at high caries risk](#) (SIGN publication 47, December 2000).
- [Prevention and management of dental decay in the pre-school child](#) (SIGN publication 83, November 2005).

## Outcome 5: Meeting nutritional needs

*This outcome reflects the requirements of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services

- Are supported to have adequate nutrition and hydration.

This is because providers who comply with the regulations will:

- Reduce the risk of poor nutrition and dehydration by encouraging and supporting people who use services to receive adequate nutrition and hydration.
- Provide choices of food and drink for people to meet their diverse needs, making sure the food and drink they provide is nutritionally balanced and supports their health.

The guidance requires that those using services should be given all the food and drink that they need. This does not apply in dentistry but you may undertake procedures where fasting is necessary and the nutritional requirements of patients need to be considered. You therefore only need to comply with this requirement as far as it is applicable; you may not need to have a policy on fasting.

If this outcome applies in your practice, the following suggestions aim to help you identify how you might comply with it. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Fasting*

- Patients are only required to fast where it is essential and for the minimum length of time. They are provided with appropriate advice about food and drink, as soon as possible after the procedure.
- Procedures requiring fasting are scheduled to require the minimum time without nutrition and hydration.
- Where procedures requiring fasting are cancelled, patients are provided with nutrition and hydration as soon as possible.

### **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might use:

- Patient records showing information about the need for fasting has been explained to the patient
- Pre-operative instructions including guidance about fasting and post-operative instructions including guidance about nutrition and hydration

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. A practice protocol for scheduling procedures that require fasting might be useful here.

Staff training records that detail where relevant training has been provided or undertaken will also help.

## Outcome 6: Cooperating with other providers

*This outcome reflects the requirements of Regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

This is because providers who comply with the regulations will:

- Cooperate with others involved in the care, treatment and support of a people who use services when the provider responsibility is shared or transferred to one or more services, individuals, teams or agencies.
- Share information in a confidential manner with all relevant services, individuals, teams or agencies to enable the care, treatment and support needs of people who use services to be met.
- Work with other services, individuals, teams or agencies to respond to emergency situations.
- Support people who use services to access other health and social care services they need.

Patients should receive good care from all those involved in their care and treatment. You need to show that, where the care of a patient is shared, you are working with all those involved. This includes where a patient may change from one clinician to another.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Coordinating services*

- When a patient is referred to another provider for treatment, the patient is told who they are being referred to and given the relevant contact details. This includes referrals made to other clinicians within the practice
- The patient is made aware of the reasons for referral and the likely process and time scales involved
- The referring clinician ensures that all the relevant information about the care and treatment of the patient is available to the accepting provider, together with the reasons for the referral
- The key points of the care provided are recorded by all those involved in the care of the patient. Where this information is not recorded on the patient's record card (where the treatment on referral is provided at another location, for example), information about the care provided is sent to the referring clinician.
- When information about the patient is passed to another provider as part of the referral process, the information includes sufficient detail to ensure the needs of the patient are met. As a minimum, this should include:
  - their name, gender, date of birth, address

- unique identification number (where one exists)
- emergency contact details
- anyone acting on the patient's behalf, with contact details
- medical history, including (i) any infections that need to be managed, (ii) allergies, and (iii) all prescribed medicines
- relevant records of care
- assessed needs
- known preferences and relevant diverse needs.

### *Managing risks*

- Patient confidentiality is protected at all times.
- Only information that is factual, relevant to the care of the patient, and is permitted under the Data Protection Act 1988 should be transferred safely and securely, following protocols agreed with other providers. Staff are aware of these protocols.
- Confidential information is only shared with the patient's consent, unless there are valid reasons for not doing so – where disclosure is in the wider public interest, for example – and professional advice has been sought.
- Where information has been inappropriately shared, procedures describe what actions to take including the need to inform the patient.
- There are documented procedures to follow in the event of a major incident or emergency situation, which includes, where relevant, what information to reveal about the patient.

### *Promoting rights and choices*

- The patient knows when information about them is being transferred and is offered a copy of the information.
- The patient knows they can request a copy of the information transferred, unless there are good reasons for not doing so, when the reasons will be explained.

## **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might use:

- Patient records showing (i) the reasons for involving or referral to another clinician have been explained to the patient, and (ii) how a referral to another clinician in the practice is requested
- Example referral letters to demonstrate referrals to external clinicians
- Patient information about transferring information

Practice policies and procedures will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Referring patients (procedures)
- Confidentiality policy
- Data protection policy
- Transferring information (unless this can be included in data protection policy)

Staff training records that detail where relevant training has been provided or undertaken will also help.

## Useful information

### [BDA Advice sheets](#)

- [Data protection \(advice sheet B2\)](#)
- [Ethics in dentistry \(advice sheet B1\)](#)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

Department of Health

- [Copying letters to patients – good practice guidelines](#)

GDC Guidance – standards for dental professionals

- [Principles of patient consent](#)

## Outcome 7: Safeguarding patients from abuse

*This outcome reflects the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

This is because providers who comply with the regulations will:

- Take action to identify and prevent abuse from happening in a service.
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
- Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
- Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services.
- Understand how diversity, beliefs and values of patients may influence the identification, prevention and response to safeguarding concerns.
- Protect others from the negative effect of any behaviour by people who use services.
- Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005.

Patients should be kept safe from harm and danger and have their human rights respected. You need to show that you take action if you think someone is being harmed and that staff know what to do to keep patients safe.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Reduce the potential of abuse*

- Everyone at the practice understands the signs of abuse and knows who to raise concerns with.
- Patients know who to speak to if they have concerns about abuse.
- Incidents, concerns and complaints are monitored and reviewed for signs of abuse or a safeguarding concern.
- Practice procedures follow national guidelines for acting on and reporting identified and suspected abuse.
- Wherever possible, patients and others who may be at risk are separated from the alleged abuser, to remove the likelihood of abuse occurring.
- The practice safeguarding policy describes the procedures to follow and is in line with local authority policies.

### *Personalised care*

- Everyone at the practice has a personal responsibility for safeguarding patients.
- Staff collaborate with any investigative process and provide information, as appropriate, to organisations involved in responding to suspected abuse.
- Staff are confident to report concerns without worrying about the consequences; they are aware of their rights under the Public Interest Disclosure Act 1998.
- People who report abuse are taken seriously and treated with dignity and provided with appropriate support and help.

### *Rights and choices*

- Patients have access to information on what they should do if they are being abused, including who to speak to within the practice and a local external contact.
- Information about a safeguarding concern is shared with appropriate outside agencies, bearing in mind the sensitive nature of the information.

## **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might consider using:

- Enhanced CRB checks for everyone working at the practice who has contact with children and/or vulnerable adults. Where individuals have had standard checks, they are not required to have an enhanced check until registration with the ISA scheme is required.  
*Note: Those applying to register with the CQC as the provider of manager or the service must have an enhanced check countersigned by the CQC or PCT*
- Records of incidents, concerns and complaints and any action identified/taken
- Records of allegations of abuse and/or where abuse has been identified and the action taken.

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Child protection policy
- Patient safety policy
- Handling complaints policy

Staff training records that detail where relevant training has been provided or undertaken will also help.

## **Useful information**

### [BDA Advice sheets](#)

- Handling NHS complaints (advice sheet B10)
- Handling private practice complaints (advice sheet B11)

### [BDA Advice note](#)

Criminal Records Bureau checks

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

## Safeguarding and safety

### Department of Health

- [Child protection and the dental team](#)

### GDC Guidance – standards for dental professionals

- [Principles of complaints handling](#)

## Outcome 8: Cleanliness and infection control

*This outcome reflects the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance* (Department of Health)

*Note: CQC is not required by the Act to produce guidance about prevention or control of healthcare-associated infections.*

Patients should know that your practice implements recommended procedures to prevent infection. You need to ensure that your practice follows current recommendations for decontamination of equipment and premises, promoting patient safety

The following publications contain the guidance to help you comply with this outcome:

- HTM 01-05: Decontamination in primary dental care practices (Department of Health, November 2009)
- Code of Practice for healthcare, including primary care, and adult social care on the prevention and control of infections and related guidance (Department of Health)
- The national specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes in primary care medical and dental practices (National Safety Patient Agency, 2010).

### Demonstrating compliance

If you are asked to show how you comply with this requirement, you might use:

- Infection control audit (as required by HTM 01-05)
- Results of patient feedback on the cleanliness of the practice
- Records of decontamination equipment maintenance
- Records of daily tests and checks.

Practice policies and protocols will help you to show that you have systems in place to help you ensure a consistent approach to decontamination and infection control. Policies and procedures that might be useful here include those required by HTM 01-05:

- Practice infection control policy, plus the following policies and procedures (some of which may be incorporated into your infection control policy):
  - Minimising the risk of blood borne virus transmission policy
  - Decontamination and storage of dental instruments policy
  - Cleaning, disinfection and sterilisation of dental instruments (procedures)
  - Clinical waste disposal policy
  - Hand hygiene policy
  - Decontamination of new reusable instruments policy
  - Personal protective equipment use (procedures)

## Safeguarding and safety

- Management of dental instruments and equipment in infection control (procedures)
- The use, storage and disposal of disinfectants within the practice (procedures)
- Spillage procedures (as part of COSHH requirements)
- Environmental cleaning and maintenance policy
- Transfer of contaminated items from the treatment to decontamination area (procedures)
- A documented training scheme with individual training records for all staff engaged in decontamination

Staff training records that detail where relevant training has been provided or undertaken will also help.

## Useful information

### [BDA Advice sheet](#)

- Infection control in dentistry (advice sheet A12)

### [BDA Advice note](#)

- Waste management
- BDA website for information on [infection control](#).

Department of Health guidance:

- [HTM 01-05: Decontamination in primary dental care practices](#)
- [Local self-assessment audit for assessing implementation of HTM 01-05: Decontamination in primary dental care practices](#)

National Patient Safety Agency

- The national specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes in primary care medical and dental practices (National Patient Safety Agency, 2010)

## Outcome 9: Management of medicines

*This outcome reflects the requirements of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

This is because providers who comply with the regulations will:

- Handle medicines safely, securely and appropriately.
- Ensure that medicines are prescribed and given by people safely.
- Follow published guidance about how to use medicines safely.

Patients should be given their medicine at the right time and in the right way. In achieving this, you need to ensure that medicines are handled safely, patients are given the right medicine at the right time and relevant rules about prescribing and dispensing medicines are followed.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Effective use of medicines*

- When selecting the appropriate medicine to be prescribed or administered to patients, consider whether the following might impact on the choice of medicine and/or the dose:
  - age
  - cultural/religious beliefs
  - allergies and intolerances
  - existing medical conditions and prescriptions,
  - adverse drug reactions
  - recommended prescribing regimens.
- Patients are advised how and when to take the medicines, what changes to expect and are warned of any side effects and/or adverse reactions.
- Relevant staff at the practice know where to access up-to-date medicines information.

### *Handling medicines*

- The practice complies with the requirements of the relevant medicines legislation.
- There are practice procedures for obtaining, storing, prescribing, dispensing, administering and disposal of (a) medicines and (b) controlled drugs.
- Only staff who are competent to do so are involved with handling medicines.
- The procedures for reporting adverse drug reactions, adverse events and errors are available and made known to all staff.
- All medicine-related adverse events and errors are investigated fully to ensure the risk of them being repeated is minimised.

## Safeguarding and safety

- Medicine-related patient safety alerts are acted upon within the required timescales.
- At the start of any treatment, a record is made of the medicines being taken by the patient.

### *Patient information*

- Patient information accompanies all medicines provided to a patient as part of their treatment.

## **Demonstrating compliance**

If you are asked to show how you comply with this outcome, you might use:

- Records of medicines being taken by patients, including those not prescribed as part of their dental treatment (a practice medical history form, for example)
- Patient information leaflets for all medicines held by the practice
- Any additional information provided with the medicines describing, for example, when and how to take medicines and for how long
- Patient record card showing medicines prescribed or dispensed and the information provided
- Examples of patient information for the medicines held by the practice
- Examples of medicines-related safety alerts.

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Practice procedures for obtaining, storing, prescribing, dispensing, administering and disposal of medicines
- Practice procedures for reporting adverse drug reactions, and medicines related adverse events and errors.

Staff training record that detail where relevant training has been provided or undertaken will also help. This may include, for example, the practice induction programme for new staff.

## **Useful information**

### [BDA Advice sheet](#)

- [Prescribing in general dental practice \(advice sheet B9\)](#)

### [BDA Advice note](#)

- [Private controlled drugs, prescriptions and dental prescribing](#)

### BDA Shop

- [Medical history form](#)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

### [British National Formulary](#)

Medicines and Healthcare products Regulatory Agency

- [MHRA Safety information](#)

## Outcome 10: Safety and suitability of premises

*This outcome reflects the requirements of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

Patients and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

This is because providers who comply with the regulations will:

- Make sure that patients, staff and others know they are protected against the risks of unsafe or unsuitable premises by:
  - the design and layout of the premises being suitable for carrying out the regulated activity
  - appropriate measures being in place to ensure the security of the premises
  - the premises and any grounds being adequately maintained
  - compliance with any legal requirements relating to the premises
- Take account of any relevant design, technical and operational standards and manage all risks in relation to the premises.

Patients, staff and visitors should feel safe when visiting your practice. You need to show that you have appropriate premises and that your practice premises do not pose any risks to the wellbeing of your patients and those working with you.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Adequate premises*

- The premises are suitable for providing dental services.
- The requirements of the Health and Safety at Work etc Act 1974 and associated regulations have been met.
- The requirements for fire safety are in place and there are clear evacuation procedures
- The practice has sufficient space, heating, lighting and ventilation.
- Equipment is serviced and maintained according to manufacturers' recommendations.
- The requirements of the Disability Discrimination Act 1995 are met.
- Treatment areas have sufficient space for a relative or carer to be with a child who is receiving care.
- There are sufficient toilets to meet the needs of both patients and staff at the practice.
- Where necessary, facilities to support breastfeeding are provided.

### *Risk management*

- A risk assessment has been undertaken and the identified hazards and risks acted upon.
- Medical gas cylinders (including oxygen) are installed and maintained according to the manufacturers' instructions.
- There are arrangements in place for the safe collection, segregation, storage and disposal of waste in line with current legislation.

- Hazardous substances are identified and an assessment of risks undertaken. Risks are eliminated as far as possible or controlled, as appropriate.
- The risk assessment is reviewed at regular intervals and when the premises have been altered.
- Premises are adapted where possible to meet the needs of the patients and in response to relevant guidance.
- Staff know what action to take in the event of an emergency, including the need to protect those who might be present. There is a system for staff to summon urgent help.
- The practice has procedures to follow in emergency situations which prevent the service from operating as normal – for example, power failure, fire and flooding.

### **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might consider using:

- The practice risk assessment and records of action taken to address the hazards identified
- The practice COSHH assessment
- Practice schedule for the servicing and maintenance of equipment
- Documented arrangements for the safe management of waste from the practice
- Procedures to be followed in the event of an emergency preventing the practice from offering a service, including fire evacuation procedures
- Evidence of practice fire drills
- Evidence of adaptation of the premises to meet the needs of patients.

Practice notices and policies will help to show that you have systems in place to help you ensure patient and staff safety. Notices and policies that might be useful here include:

- Health and safety law poster
- Employer's Liability Insurance
- Fire evacuation procedures (notice)
- First aid provision (notice)
- No smoking sign
- Zero tolerance policy on aggression and violence (notice and policy)
- Adverse and untoward incidents policy.

Staff training records that detail where relevant training has been provided or undertaken and records of practice emergency procedures rehearsals will also help.

### **Useful information**

#### [BDA Advice sheets](#)

- Health and safety law for dental practice (advice sheet A3)
- Risk assessment in dentistry (advice sheet A5)
- Dealing with bullying, harassment and violence at work (advice sheet D14)

#### [BDA Advice notes](#)

- Waste management
- Disability discrimination guidance
- Patient safety in dental practice – managing adverse and untoward incidents

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

## Safeguarding and safety

### Health and Safety Executive:

- [Five steps to risk assessment](#)
- [Working with substances hazardous to health \(INDG136 Rev4\) \(revised 06/09\)](#)
- [Workplace fire safety](#)

### NRPB/Department of Health:

- [Guidance notes for dental practitioners on the safe use of x- ray equipment \(DH, 2001\)](#)

## Outcome 11: Safety, availability and suitability of equipment

*This outcome reflects the requirements of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

This is because providers who comply with the regulations will:

- Make sure that equipment:
  - is suitable for its purpose
  - is available
  - is properly maintained
  - is used correctly and safely
  - promotes independence
  - is comfortable.
- Follow published guidance about how to use medical devices safely

Patients, staff and visitors should have equipment and furniture that is safe and meets their needs. You need to ensure that equipment and furniture is appropriate and suitable and is maintained and serviced following manufacturers' recommendations.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Adequate equipment*

- Equipment at the practice is
  - sufficient and suitable for the needs of patients
  - safe for use
  - installed appropriately and in accordance with manufacturers' instructions
  - properly maintained, tested and serviced.
- Patients understand why equipment is being used.
- The patient's comfort, safety, privacy and dignity are ensured when using equipment.

### *Procedures*

- The risks associated with equipment are assessed (as part of the practice risk assessment) and managed.
- Staff using the equipment have been trained and are competent to do so.
- Staff are encouraged to report adverse incidents for open discussion to identify any training needs.
- Staff know who to raise concerns with about the safety of equipment.

## Safeguarding and safety

- The practice has procedures to follow in emergency situations which prevent the equipment from being used - for example, power failure, fire and flooding.
- Equipment is used according to the manufacturers' instructions and relevant alerts.

### *Medical devices*

- Equipment and devices designated as 'single use' are not reused.
- Modifications are only undertaken as recommended by the manufacturer.
- Manufacturers' instructions for use are followed closely, so equipment is used correctly.
- Manufacturers' instructions for maintenance are followed and repaired are only undertaken by those who are competent to do so.
- Equipment and devices are disposed of or recycled, safely and securely.

### *Resuscitation equipment*

- Equipment for resuscitation or other medical emergencies is available and accessible.

## **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might use:

- The practice risk assessment
- Manufacturers' instructions for use, maintenance and disposal or recycling for equipment used at the practice
- Records of servicing and maintenance
- Relevant safety alerts/bulletins, with a description of the consequent action taken.

Practice policies and protocols will help to show that you have systems in place to help you ensure a consistent approach. Policies and procedures that might be useful here include:

- Dealing with adverse or untoward incidents
- What to do in the event of an emergency preventing use of equipment

Staff training records that detail where relevant training in use of equipment has been provided or undertaken will also help.

## **Useful information**

### [BDA Advice sheets](#)

- Health and safety law for dental practice (advice sheet A3)
- Risk assessment in dentistry (advice sheet A5)

### [BDA Advice note](#)

- Patient safety in general dental practice – managing adverse and untoward incidents

BDA model policies and protocols (Practice Compendium and the Clinical Governance Kit)

Medicines and Healthcare products Regulatory Agency

- [MHRA safety information](#)

National Patient Safety Agency

- [NPSA Alerts](#)

## Outcome 12: Requirements relating to workers

*This outcome reflects the requirements of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

This is because providers who comply with the regulations will:

- Have effective recruitment and selection procedures in place.
- Carry out relevant checks when they employ staff.
- Ensure that staff are registered with the relevant professional regulator or professional body where necessary and are allowed to work by that body.
- Refer staff who are thought to be no longer fit to work in health and adult social care, and meet the requirement for referral, to the appropriate bodies.

Patients should feel that they are getting the right care from the right staff. You need to ensure that you have sufficient staff with appropriate skills and provide training when needed to allow them to do their job well. You should have systems in place to deal with those staff who do not do their job properly. Staff should be registered with the General Dental Council, as required

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Recruitment*

- Those working at the practice are honest, reliable, trustworthy and treat patients with respect.
- The recruitment process avoids discrimination and ensures that those working at the practice are legally entitled to work in the UK.
- Before starting work, those involved with providing a service to patients have had the necessary checks (including a CRB check).
- Where relevant, people working at the practice are either registered with the GDC or, in the case of unqualified dental nurses, are enrolled on a training course leading to registration with the GDC.
- Those registered with the GDC follow its standards for dental professional guidance and other associated guidance. Other staff are made aware of this guidance.
- Everyone working at the practice is physically and mentally able to carry out their role. Support and, where necessary, reasonable adjustments is provided so that those with an illness or medical condition are not placed at risk, nor do they place others at risk.
- Everyone at the practice has an up-to-date job description and is clear about their responsibilities and the responsibilities of others within the practice.

### *Qualifications, skills and knowledge*

- Those working at the practice are appropriately qualified and competent to do their job or agree to acquire the necessary skills and qualifications.
- Trainees are given tasks that are appropriate to their stage of training and competence
- Qualifications, knowledge and skills are reviewed on a regular basis to ensure they are up-to-date with current practice.
- Everyone involved in patient care has an awareness and knowledge of diversity and human rights.
- The general communication needs of patients attending the practice for care are understood.

### *Ensuring staff are suitable for their role*

- Staff are recruited following effective recruitment and selection procedures to ensure they are able to perform their role. These include:
  - application process (together with the relevant checks)
  - interview
  - references.
- Temporary staff, and others providing specific services, are subject to the same level of checks and selection criteria as staff recruited for permanent positions.
- Where staff are provided through an agency, written confirmation is obtained from the Agency that all the necessary checks have been undertaken.
- There are practice procedures for:
  - sickness absence
  - professional misconduct, including when to refer to the GDC
  - investigations of abuse by staff
  - assessing the need for support and reasonable adjustments
  - assessing the risk of exposure workplace hazards and removing, minimising or controlling identified risks.

## **Demonstrating compliance**

If you are asked to show how you comply with this outcome, you might use:

- Practice organisational chart showing individual responsibilities and working relationships
- Recruitment checks, including CRB checks
- Evidence of GDC registration
- Evidence of enrolment on training course
- Work permits, if relevant
- Recruitment process (documented) with examples of application forms, interview questions and reference request
- Staff appraisals / performance development reviews.
- Practice risk assessment

## Suitability of staffing

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Child protection
- Diversity and human rights
- Practice training policy
- Recruitment
- Sickness absence
- Whistleblowing

Staff training records that detail where relevant training has been provided or undertaken will also help.

## Useful information

### [BDA Advice sheets](#)

Contracts of employment (advice sheet D1)

Employment of dental hygienists (advice sheet D3)

Working with dental therapists in general dental practice (advice sheet D5)

Managing sickness absence (advice sheet D8)

Practice disciplinary procedures and dismissal (advice sheet D11)

Staff recruitment (advice sheet D12)

Equality and diversity in the workplace (advice sheet D13)

### [BDA Advice notes](#)

Criminal Records Bureau checks

Work experience students and young trainees

Staff training agreement

Disciplinary procedure (model interview and warning letters)

Employing an overseas dentist

Illegal workers

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

### [GDC Guidance](#)

Standards for dental professionals

Principles of patient consent

Principles of patient confidentiality

Principles of dental team working

Principles of complaints handling

Principles of raising concerns

Management responsibility

Department of Health

[Code of Practice for the international recruitment of health care professionals](#)

## Outcome 13: Staffing

*This outcome reflects the requirements of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

This is because providers who comply with the regulations will:

- Make sure that there are sufficient staff with the right knowledge, experience, qualifications and skills to support people.

Patients should feel that they are getting the right care from the right staff. You need to ensure that you select sufficient staff with the skills to match people's needs and provide training when needed to allow them to do their job well.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Sufficient staff*

- There are sufficient staff with the right competencies, knowledge, qualifications, skills and experience to ensure patients receive consistency of care
- Analysis of the service and an assessment of risks contribute towards decisions about staffing levels
- Staffing levels allow for unexpected absences through sickness, emergency leave and vacancies to be dealt with efficiently
- Sufficient staff allow for anticipated/planned changes to the service to have minimal impact on service delivery. These changes may be the result of, for example, building works, planned absences, staff training and workforce changes.

### **Demonstrating compliance**

If you are asked to show how you comply with this outcome, you might use:

- Notes of discussions about staffing levels and workforce planning
- Recruitment process
- Agreed arrangements with other practices – for example providing emergency cover for patients if there are no dentists present
- Arrangements for recruiting temporary staff in emergency situations – for example details of local recruitment agencies

## Suitability of staffing

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Recruitment policy
- Sickness policy
- Absence policy

## Useful information

### [BDA Advice sheets](#)

Managing sickness absence (advice sheet D8)

Staff recruitment (advice sheet D12)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

## Outcome 14: Supporting workers

*This outcome reflects the requirements of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services

- Are safe and their health and welfare needs are met by competent staff.

This is because providers who comply with the regulations will:

- Ensure that staff are properly supported to provide care and treatment to people who use services.
- Ensure that staff are properly trained, supervised and appraised.
- Enable staff to acquire further skills and qualifications that are relevant to the work they undertake.

Patients should feel that they are getting the right care from the right staff. You need to ensure that your staff have the skills to match people's needs and provide training when needed to allow them to do their job well.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Support staff*

- All staff joining the practice receive a comprehensive induction relevant to their role within the practice, which covers the following general aspects:
  - the aims, objectives and purpose of the service
  - how the member of staff will be involved in providing care to patients
  - the practice policies and procedures
  - what to do in the event of an emergency
  - risk assessments and health surveillance
  - reporting adverse events, incidents and near misses
  - safety arrangements where the member of staff has to work alone
  - how to report matters of concern.

*Note: the induction programme should also include aspects that relate to dentistry and the dental practice*
- Regular staff appraisals are undertaken at which the learning and development needs of the staff member are identified and included in a personal development plan. The plan is reviewed and updated at regular intervals.
- The practice development plan incorporates a programme of activity to meet individual requirements for professional development and registration. The Practice Development Plan is supported by appropriate resources.
- Records of training are maintained for those staff attending training and development courses.
- Staff are supported and managed at all times and are clear about their lines of accountability.
- Staff know who they can talk to if they have issues about their role within the practice and in providing patient care.

## Suitability of staffing

- Staff can raise concerns without fear of recrimination.
- Reasonable adjustments are made and ongoing support is provided to allow staff to carry out their role.
- Staff are not requested to do anything contrary to their professional code of conduct.
- The risk of violence, harassment and bullying within the practice is minimised. A practice policy describes procedures for dealing with violence, harassment and bullying.

## Demonstrating compliance

If you are asked to show how you comply with this outcome, you might use:

- Practice organisational chart showing individual responsibilities and working relationships
- Staff induction programme
- Individual appraisals and personal development plans
- Practice development plan
- Staff training records, including GDC's CPD requirements

Practice policies and protocols will help show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Practice training policy
- Practice policy to minimise violence, harassment and bullying
- Practice procedures for raising concerns
- Whistleblowing policy

## Useful information

### [BDA Advice sheets](#)

Dealing with bullying, harassment and violence at work (advice sheet D14)

Practice grievance procedures (advice sheet D17)

### [BDA Advice notes](#)

Staff training agreement

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

General Dental Council

- [CPD requirements](#)

Personal development plans

- [Personal development planning for dental practitioners](#) (NHS)
- Personal development plans for dentists – the new approach to continuing professional development. Amar Rughani with Chris Franklin and Stephen Dixon. 2003.

## Outcome 16: Assessing and monitoring the quality of service provision

*This outcome reflects the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

This is because providers who comply with the regulations will:

- Monitor the quality of service that people receive.
- Identify, monitor and manage risks to people who use, work in or visit the service.
- Get professional advice about how to run the service safely, where they do not have the knowledge themselves.
- Take account of:
  - comments and complaints
  - investigations into poor practice
  - records held by the service
  - advice from and reports by the Care Quality Commission.
- Improve the service by learning from adverse events, incidents, errors and near misses that happen, the outcome from comments and complaints, and the advice of other expert bodies where this information shows the service is not fully compliant.
- Have arrangements that say who can make decisions that affect the health, welfare and safety of people who use the service

Patients should know that they are getting the best and safest services. You need to ensure that you assess and manage risks, seeking outside help when necessary; it's about having clinical governance systems in place.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Monitor the quality of the service*

- There are systems for gathering and analysing information about the quality and safety of the care provided and its outcomes.
- Sources of information include:
  - feedback from patients and carers
  - observations
  - audits
  - adverse incidents, errors and near misses
  - investigations into the misconduct of an individual working at the practice
  - comments and complaints
  - relevant expert bodies.

## Quality and management

- Findings from clinical and other audits indicate where action is needed to protect patients from identified risks.
- Where areas of non-compliance are identified, ways to achieve compliance are agreed and implemented.

### *Protect patients from harm*

- Information is gathered about the risks to the health, welfare and safety of patients, staff and others working at the practice.
- Changes are made to patient treatment/care plans where required by the identified risks.
- All risks, adverse incidents and near misses are identified, analysed to establish the cause and reviewed to prevent reoccurrence.
- Staff understand how to raise concerns about risks to people, poor practice and adverse events. They know that these concerns will be treated confidentially and that they will not be treated unfairly because they raised the concern.
- Patients are given information about risks that might affect their care, and told what preventative or protective measures they should follow or use to reduce or remove these risks.

### *Ongoing compliance*

- Procedures for dealing with adverse incidents, errors and near misses, together with outcomes of complaints, are reviewed to minimise future lapses.
- Feedback and comments from patients and staff are used to identify where improvements are needed.
- Information about the quality of the service is made available to patients and prospective patients.

### *Decision making*

- Important decisions about the care of a patient should involve the patient. Others who must be involved in these decisions are identified.
- Decisions which must involve consultation with patients are agreed within the practice.
- Records of these decisions and their reasons are maintained.

### *General*

- There is an up-to-date description of the clinical governance systems in place to identify, assess, manage, monitor and record risks.

## **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might use:

- Feedback from patient surveys/questionnaires and the consequent actions taken
- Results of audits undertaken at the practice – for example, quality of radiographs, decontamination/infection control, medical history taking, record keeping, prescribing antibiotics
- Records of adverse/untoward incidents and near misses and the action taken, including any notes of discussions
- Patient complaints/comments received and records of action taken

- Information available to patients about changes to the service, responses to patient surveys etc (patient information leaflets, practice newsletters, practice website, for example)
- The description of the clinical governance systems in place at the practice, including:
  - how you monitor/review the experience of patients
  - the audits undertaken and frequency
  - handling complaints and comments from patients
  - minutes/notes of meetings where the results of feedback and audits were discussed
  - keeping up-to-date with professional, clinical and general requirements.

Practice policies and protocols will help to show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Patient safety policy
- Complaints handling policy
- Whistleblowing policy

Staff training records that detail where relevant training has been provided or undertaken will also help.

### Useful information

#### [BDA Advice sheets](#)

- Handling complaints (advice sheets B10 and B11)
- CPD, clinical audit and peer review (advice sheet E10)

#### [BDA Advice notes](#)

- Patient safety in dental practice – dealing with adverse/untoward incidents
- Criminal records bureau checks

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

GDC Guidance – standards for dental professionals

- [Principles of complaints handling](#)

Department of Health guidance:

- [HTM 01-05: Decontamination in primary dental care practices](#)
- [Local self-assessment audit for assessing implementation of HTM 01-05: Decontamination in primary dental care practices](#)

Faculty of General Dental Practice

- [Selection Criteria for Dental Radiography](#)
- [Pathways in Practice](#)
- [Adult Antimicrobial Prescribing in Primary Dental Care for General Dental Practitioners](#)
- [Clinical Examination and Record Keeping: Good Practice Guidelines 2nd edition, published 2009](#)
- [Guidance for the Management of Natural Rubber Latex Allergy in Dental Patients and Dental Healthcare Workers](#)

Medicines and Healthcare products Regulatory Agency

- [MHRA Safety information](#)

National Patient Safety Agency

- [Seven steps to patient safety for primary care](#)

NRPB/Department of Health:

- [Guidance notes for dental practitioners on the safe use of x- ray equipment](#) (DH, 2001)

## Clinical guidelines

The Royal College of Surgeons of England, Faculty of Dental Surgery:

- [Clinical guidelines](#)

NICE guidelines:

- [Dental recall – recall interval between routine dental exams](#) (October 2004)
- [Wisdom teeth – removal](#) (March 2000)
- [Tooth decay – HealOzone](#) (July 2005)
- [Antimicrobial prophylaxis against infective endocarditis](#) (March 2008)

Scottish Intercollegiate Guidelines Network (SIGN)

- [Management of unerupted and impacted third molar teeth](#) (SIGN publication 43, March 2000)
- [Preventing dental caries in children at high caries risk](#) (SIGN publication 47, December 2000).
- [Prevention and management of dental decay in the pre-school child](#) (SIGN publication 83, November 2005).

## Outcome 17: Complaints

*This outcome reflects the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

Patients or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

This is because providers who comply with the regulations will:

- Have systems in place to deal with comments and complaints, including providing patients with information about that system.
- Support patients or others acting on their behalf to make comments and complaints.
- Consider fully, respond appropriately and resolve, where possible, any comments and complaints.

Patients should know that they will be listened to and that action will be taken when needed. You need to show that you have ways of dealing with complaints and comments raised by patients and that your patients know what to do if they want to complain or comment and that they will be supported. You should ensure that complaints and comments are dealt with in a good and fair way.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Managing complaints effectively*

- The practice has a named person responsible for dealing with comments and complaints.
- The practice procedures for dealing with comments and complaints follow established principles of good complaint handling and are understood by everyone working at the practice. Procedures are reviewed on a regular basis.
- The complaints process ensures that:
  - the details of the complaint and the desired outcome are properly understood
  - advice and advocacy support is available to those who require it
  - what is required to resolve the complaint and the likely timescale is explained.
- Investigations are proportionate and sufficiently thorough.
- Documented audit trails for each complaint show the steps taken and the decisions reached.
- Those dealing with the complaint are competent to address the issues raised, provide honest explanations based on facts and provide reasons for the decisions made.
- Wherever possible, complaints are reviewed by someone not involved in the events leading to the complaint
- Comments and complaints are investigated and, as far as practicable, resolved to the satisfaction of the person raising the complaint. There may be occasions when it is not possible to satisfy the complainant – for example, if the complaint falls outside the responsibility of the practice or cannot be upheld.

- Unreasonably persistent complaints are dealt with in a fair and consistent manner, following practice procedures, to ensure that the point being made is properly dealt with.
- The practice encourages and supports a culture of openness to ensure that all comments and complaints are listened to and acted upon.
- Records of all complaints are maintained and monitored to identify and address areas of non-compliance.
- Patients know how to contact the Care Quality Commission if they have concerns about the service provided.
- Where more than one provider is involved in the care of the patient making the complaint, the providers cooperate to provide a complete coordinated response.
- A summary of the complaints received and dealt with is provided to the Care Quality Commission on request.

### *Promoting rights and choices*

- Patients have access to information about the practice procedure for handling complaints.
- In dealing with complaints, the individual circumstances of the patient are considered. Patients are invited to make comments verbally, in writing or through sign language, as appropriate, or via another person acting on their behalf.
- Where necessary, the patient is helped to submit a complaint to the practice.
- Patients are reassured that making a complaint will not have a negative effect on their treatment.
- Patients are told the timescales and process for dealing with their complaint and how they will be kept informed of progress.
- Information about the NHS complaints process (for NHS treatment) and the Dental Complaints Service (for private treatment) is made available to the patient.
- If the patient is not satisfied with the findings or outcome of the complaints process, they are advised that they can refer the matter to the Health Service Ombudsman.

## **Demonstrating compliance**

If you are asked to show how you comply with this requirement, you might consider using:

- Patient information explaining how to make a complaint or comment on the service
- Practice record of complaints received and dealt with
- An example of how a complaint was dealt with
- Practice notices informing patients of the complaints process and the practice contact
- Notes of discussions where the complaints process was reviewed and updated.

Practice policies and protocols will help to show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Complaints handling policy
- Confidentiality policy

Staff training records that detail where relevant training has been provided or undertaken will also help.

## Useful information

### BDA Advice sheets

- Handling NHS complaints (advice sheet B10)
- Handling private practice complaints (advice sheet B11)
- Ethics in dentistry (advice sheet B1)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

GDC Guidance – standards for dental professionals

- [Principles of patient confidentiality](#)
- [Principles of complaints handling](#)

### Care Quality Commission

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

Email: [enquiries@cqc.org](mailto:enquiries@cqc.org)

Tel: 03000 616161

Address: Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG

### Dental Complaints Service:

Website: [www.dentalcomplaints.org.uk](http://www.dentalcomplaints.org.uk)

Email: [info@dentalcomplaints.org.uk](mailto:info@dentalcomplaints.org.uk)

Tel: 08456 120540

### The Parliamentary and Health Service Ombudsman:

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

Helpline: 0345 015 4033

Address: Millbank Tower, Millbank, London SW1P 4QP

## Outcome 21: Records

*This outcome reflects the requirements of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*

### CQC requirement:

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and wellbeing are maintained and held securely where required.

This is because providers who comply with the regulations will:

- Keep accurate personalised care, treatment and support records secure and confidential for each person who uses the service.
- Keep those records for the correct amount of time.
- Keep any other records the Care Quality Commission asks them to in relation to the management of the regulated activity.
- Store records in a secure, accessible way that allows them to be located quickly.
- Securely destroy records taking into account any relevant retention schedules.

Patients should know that their private details will be kept safe and are only used to make sure they receive the right care and treatment. You need to show that you keep accurate records of care and treatment for all patients, that the records are stored securely, maintaining patient confidentiality. You need to ensure records are disposed of safely when no longer needed.

The following suggestions aim to help you identify how you might comply with this outcome. But these are only suggestions; you may have additional or different ways of meeting the needs of your patients for this outcome.

### *Managing risks*

- Practice procedures ensure that healthcare and personal records ('records') are maintained for each patient and regularly updated with details of their care and treatment. Current and historic records are kept together or linked.
- Verbal communication with patients about their care is documented within their records as soon as practicable.
- Records are clear, factual and accurate and maintain patient confidentiality and dignity.
- Records are stored securely when the patient is attending the practice and for the required length of time after the patient's last appointment (eleven years or until the age of 25 years – whichever is the longer). Arrangements for the secure storage of records will continue if the practice closes.
- Patient records are disposed of securely.
- Where information is shared with other organisations, protocols describe how this is undertaken securely.
- Where a patient requests access to their records, the requirements of the Data Protection Act 1998 and the Freedom of Information Act 2000 are followed.
- The following practice records are retained:
  - current risk assessment

- general policies and procedures for the day-to-day running of the practice (for example, the practice infection control policy)
- incidents, events or occurrences that need to be notified to the CQC (including, for example, injuries to people, events which stop the service being provided, allegations of abuse and a police investigation) (for three years)
- maintenance of premises or equipment (three years)
- electrical testing (three years)
- fire safety (three years)
- medical gas safety – maintenance and replenishment (three years)
- staff employment (three years)
- purchasing of medical devices and medical equipment (11 years)
- final annual accounts (30 years).

### Demonstrating compliance

If you are asked to show how you comply with this requirement, you might include:

- Record keeping notations agreed by the practice to ensure good communication and comprehensibility by the clinical team
- A record card audit to check that the right information is recorded
- A description of the systems in place for storing patient records – for current and archived records
- The arrangements for the safe disposal of waste. If this is undertaken by a commercial company, an invoice describing the disposal process could be included
- A summary of the requests for access to records, disclosures, consent to disclosure and reasons for refusing access
- The practice records listed above

Practice policies and protocols will help to show that you have systems in place to help you ensure a consistent approach. Those that might be useful here include:

- Confidentiality policy
- Data protection policy

Include staff training records that detail where relevant has been provided or undertaken.

### Useful information

#### [BDA Advice sheets](#)

- Ethics in dentistry (advice sheet B1)
- Data protection (advice sheet B2)

#### [BDA Advice notes](#)

- Freedom of Information Act publication scheme and guidance (advice note)

BDA model policies and protocols (see the Practice Compendium and the Clinical Governance Kit)

GDC Guidance – standards for dental professionals

- [Principles of patient confidentiality](#)

#### FGDP

- [Clinical Examination and Record Keeping: Good Practice Guidelines](#)  
2nd edition, published 2009

## Recommended applicable publications

For the majority of outcomes described in this guidance, the Care Quality Commission refers to its list of applicable publications with the recommendation that providers reflect the key expectations of these publications for their service, as they relate to the essential standards of quality of care.

The CQC's list is reproduced below, for information. Those publications where there is no relevance to dentistry have been omitted. The full list can be found in Appendix B of the CQC's guidance about compliance: [Essential standards of quality and safety](#).

### Outcome 1: Respecting and involving patients

- Confidentiality: NHS code of practice (DH, 2003)
- Relevant national strategies, national service frameworks, and nationally agreed policy guidance and recommendations about involving people published by the Department of Health and other Government departments, including:
  - Human Rights in Health Care – A Framework for Local Action (DH)
  - Valuing People: a new strategy for learning disability for the 21st century (HM Government, 2001)
  - Valuing People Now: a new three-year strategy for people with learning disabilities – Making it happen for everyone (HM Government, 2009)
  - Real involvement: working with people to improve services (DH, 2008)
  - Independence, Choice and Risk: A Framework for Supported Decision Making (DH, 2007)
- Guide to the public sector equalities duties (Equality and Human Rights Commission, 2009)
- Being open – communicating patient safety incidents with patients and their carers (NPSA, 2006)

### Outcome 2: Consent to care and treatment

- The NHS Constitution (DH, 2009)
- Reference guide to consent for examination or treatment (DH, 2001)
- Good practice in consent: achieving the NHS plan commitment to patient centred consent practice (Health Service Circular HSC 2001/023)
- Seeking Consent: working with children (DH, 2001)
- Research governance framework for health and social care: Second edition (DH, 2005)

### Outcome 3: Fees

- Office of Fair Trading: Guidance on unfair contract terms

### Outcome 4: Care and welfare of people who use services

- The NHS Constitution (DH, 2009)
- Research governance framework for health and social care: Second edition (DH, 2005)
- Being open – communicating patient safety incidents with patients and their carers (NPSA, 2006)
- Care Planning Practice Guide (NTA, 2006)
- National strategies, national service frameworks and white papers, and nationally agreed policy guidance published by the Department of Health and other Government departments, including:
  - Choosing Health: Making healthy choices easier (DH, 2004)
  - Healthy Lives brighter futures: The children strategy for children and young people's health (DH, 2009)

- Relevant policy and implementation guidance and recommendations about good practice published by the Department of Health. Including:
  - Refocusing the care programme approach: Policy and positive practice guidance (DH, 2008)
- DH Guidance on the Establishment and Use of Diagnostic Reference Levels
- DH IRMER Guidance and Good Practice Notes
- Relevant evidence-based guidance about good practice and alerts published by expert and professional bodies, including:
  - Equality and Human Rights Commission
  - Joint Committee on Human Rights
  - Health Service Ombudsman
  - National Institute for Health and Clinical Excellence
  - National Patient Safety Agency
  - Medicines and Healthcare products Regulatory Agency
  - Health Protection Agency

### **Outcome 5: Meeting nutritional needs**

- Nutrition support in adults (CG 32, NICE, 2006)
- Nutrition Action Plan (DH and Nutrition Summit stakeholders, 2007)
- Relevant evidence-based guidance about nutrition in health and social care settings published by expert and professional bodies

### **Outcome 6: Cooperating with other providers**

- The NHS Constitution (DH, 2009)
- Records management: NHS code of practice (DH, 2006)
- Guidance on the Health Act Section 31 partnership agreements (DH, 1999)
- Discharge from hospital pathway, process and practice (DH, 2003)
- Information security management: NHS code of practice (DH, 2007)
- Relevant national strategies, national service frameworks, white papers, and nationally agreed policy guidance and recommendations published by the Department of Health and other Government departments where they include guidance about working in partnership, including:
  - The NHS Emergency Planning Guidance (DH, 2005), and associated supplements (DH, 2005, 2007)
  - Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (DH, 2007)
  - Every Child Matters (HM Government, 2003)
  - Valuing People Now: a new three-year strategy for people with learning disabilities – Making it happen for everyone (HM Government, 2009)
  - Creating strong, safe and prosperous communities. Statutory Guidance (HM Government, 2008)
  - Green light for mental health: How good are your mental health services for people with learning disabilities; A service toolkit (DH, 2004)
  - Dual diagnosis in mental health inpatient and day hospital settings (DH, 2006)
  - Everybody's business: A service development guide (DH & Care Services Improvement Partnership, 2005)
  - DCSF guidance on information sharing

### **Outcome 7: Safeguarding patients from abuse**

- No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH and Home Office, 2000)
- Working together to safeguard children (HM Government, 2006) and supplementary guidance published by government departments

- Every Child Matters (HM Government, 2003)
- What to do if you're worried a child is being abused (HM Government, 2006)
- Healthy Lives brighter futures: The children's strategy (DH, 2009)
- Information Sharing: Guidance for practitioners and managers (DCSF, 2008)
- Statement on the duties of doctors and other professionals in investigations of child abuse (DCSF and DH, 2007)
- Guidance on when to suspect child maltreatment (CG89, NICE, 2009)
- Services for people with learning disabilities and challenging behaviour or mental health needs - Mansell report: revised edition (DH, 2007)

### **Outcome 9: Management of medicines**

- Relevant evidence-based guidance and alerts about medicines management and good practice
- published by appropriate expert and professional bodies, including:
  - National Patient Safety Agency
  - National Institute for Health and Clinical Excellence
  - Medicines and Healthcare products Regulatory Agency
  - Department of Health
  - Royal Pharmaceutical Society of Great Britain (RPSGB)
  - Social Care Institute for Excellence
  - Medical and other clinical royal colleges, faculties and professional associations
- The safe and secure handling of medicines: a team approach (RPSGB, 2005)
- Safer management of controlled drugs: Guidance on strengthened governance arrangements (DH, 2007)
- Safer management of controlled drugs: Guidance on standard operating procedures for controlled drugs (DH, 2007)
- Research governance framework for health and social care: Second edition (DH, 2005)

### **Outcome 10: Safety and suitability of premises**

- All currently valid Health Technical Memoranda (HTMs) published by the Department of Health
- Legionnaires Disease: The control of legionella bacteria in water systems, approved code of practice and guidance (Health and Safety Executive, 2000)
- Guidance on Manual Handling operations Regulations (Health and Safety Executive, 2004)
- Alerts, rapid response reports, guidance and directives about all aspects of healthcare and social care premises published by:
  - National Patient Safety Agency
  - DH
  - Secretary of State
  - Health and Safety Executive
  - Department of Environmental Health
  - Home Office
  - National Institute for Health and Clinical Excellence
  - National Patient Safety Agency
  - NHS Estates
  - Professional Royal Colleges and other recognised professional bodies

### **Outcome 11: Safety, availability and suitability of equipment**

- MHRA DB2008(03) Guidance on the safe use of lasers, IPL systems and LEDs
- MHRA DB 2006 (4) Single-use Medical Devices: Implications and Consequences of Reuse (MHRA, 2006)

- MHRA DB 2006(5) Managing Medical Devices: Guidance for health care and social care organisations (MHRA, 2006)
- Safety alerts, rapid response alerts, guidance and directives relating to equipment published by expert and professional bodies including:
  - National Institute of Clinical Excellence
  - National Patient Safety Agency
  - Medicines and Healthcare products Regulatory Agency
  - Royal Pharmaceutical Society of Great Britain
  - DH
  - Product manufacturers
- DH IRMER Guidance and Good Practice Notes

### **Outcome 12: Requirements relating to workers**

- NHS employment check standards published by NHS Employers
- The Health care Professionals Alert Notices Directions 2006 (DH, 2006)
- CRB Code of Practice
- Safeguarding Vulnerable Groups Act 2006
- Protection of vulnerable adults scheme (POVA)
- ISA Referral Guidance (Independent Safeguarding Authority, 2009)
- DH IRMER Guidance and Good Practice Notes

### **Outcome 13: Staffing**

- Relevant guidance about staffing levels and skills mix published by professional registration councils and relevant expert and professional bodies, including:
  - Skills for Care
  - Skills for Health
  - National Health Service
  - National Patient Safety Agency
  - Health Professional Council
  - General Dental Council
  - DH
  - National Institute for Health and Clinical Excellence
  - NHS Employers
  - Health and Safety Executive
  - Medical and other clinical royal colleges, faculties and professional associations
- National service frameworks and national strategies published by the Department of Health and other Government departments where they include guidance about staffing levels and skills mix

### **Outcome 14: Supporting workers**

- Relevant guidance and curricula about supporting workers published by relevant expert and professional bodies, including:
  - Skills for Care
  - Skills for Health
  - NHS Employers
  - National Patient Safety Agency
  - Medical and other clinical royal colleges, faculties and professional associations
- NHS promoting safer and therapeutic services October 2005; published by the NHS Security management Service
- Assuring the Quality of Medical Appraisal July 2005; a report published by the NHS Clinical Governance Support Team
- NHS Appraisal; Appraisal for consultants working in the NHS

- Secretary of State Directions on work to tackle violence against staff and professionals who work in or provide services to the NHS (DH, 2003)
- Published guidance from the Health & Safety Executive
- DH IRMER Guidance and Good Practice Notes

### **Outcome 16: Assessing and monitoring the quality of service provision**

- Listening, improving, responding: a guide to better customer care (DH, 2009)
- DH IRMER Guidance and Good Practice Notes
- Relevant guidance, national reports and codes of conduct about risk management, monitoring quality and audit published by expert and professional bodies, including:
  - General Medical Council
  - General Dental Council
  - Health Professions Council
  - National Patient Safety Agency
- National Confidential Enquiry into Patient Outcomes and Death
- Confidential Enquiries into Maternal and Child Health
  - Medicines and Healthcare products Regulatory Agency
  - NHS Litigation Authority
  - National Institute for Health and Clinical Excellence

### **Outcome 17: Complaints**

- The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman, 2008)
- Listening, improving, responding: a guide to better customer care (DH, 2009)
- NHS Litigation Authority guidance about complaints
- Being open – communicating patient safety incidents with patients and their carers (NPSA, 2009)

### **Outcome 21: Records**

- Confidentiality: NHS code of practice (DH, 2003)
- Caldicott Guardian Manual 2006 (DH, 2006)
- Records management: NHS code of practice (DH, 2006)
- Information security management: NHS code of practice (DH, 2007)