

STATEMENT OF PURPOSE

In accordance with the Requirements of
The Health and Social Care Act 2008
(Regulated Activities) Regulations 2010

FOR Registration with Care Quality Commission as an **Organisation**

VERSION NO. :	ver 8
EFFECTIVE DATE:	1 / 11 / 2021 **
REVISED ON: **	28 / 10 / 2021

SUMMARY

PROVIDER	ACCESSIBLE ORTHODONTICS (O) LTD (CO # 5898412)	
LOCATION/S	OXFORD	
SERVICE/S	Dental	
REGULATED ACTIVITIES	TDDI, D & S	
REGISTERED MANAGER	YES	
** Key Point/s	<p>Revision reflects <u>transfer</u>, as from 1/11/2021, to this Provider by NHS of PDS Contract formerly in the name of A L Davey (CQC Provider ID Number is 1-152962035).</p> <p>The <u>same</u> 2 Regulated Activities were / are provided by him / this Provider, using the <u>same</u> staff, the <u>same</u> resources and the <u>same</u> CQC Registered Managers, <u>at the same Location</u> (A L Davey CQC LOC ID 1-236639246)</p>	

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PROVIDER INFORMATION

The Provider is ACCESSIBLE ORTHODONTICS (O) LTD (CO # 5898412). The legal status of the Provider is: ORGANIZATION (DENTAL COMPANY).

The Provider's CQC Provider ID Number is 1-156964988. Services and Regulated Activities are provided in the context of orthodontic ONLY, to **NHS as well as** PRIVATE Patients.

The full names of the sole Director (and Nominated Individual) of the Provider are:

MR ALAN DAVEY GDC # 59247

The physical location/s for delivery of Services and Regulated Activities are set out later (**Regulated Activities & Locations** etc).

The Business Address (and address for Service) is: **1 Back Street Nuneaton
WARMS CV11 4DG**

Bus Telephone: 02476 372 518 **Email** (for Service etc): MAIN@DENTINE-ISSUES.COM

NOTE THAT results of any past 'at-Location' Inspection by the CQC are available through their website (www.cqc.org.uk/)

REGISTERED MANAGER

MR NESTOR OROLLOGA GDC # 109409 (Reg Man ID # CON1-481814682) and

MR DAVID D ZOLLO GDC # N/A (Reg Man ID # CON1- 6155619796)

who are Registered to be the Manager (job shared) at the Location, in respect of ALL Regulated Activities for the Provider.

The Business Address (and address for Service) for the Registered Manager is **the same as for the Provider (see above)**

AIMS & OBJECTIVES

Services & People using Them

The Services are classed by the CQC as "Dental Service (DEN)" but are exclusively in the form of orthodontic treatment, provided as primary dental care to **NHS as well as** PRIVATE Patients. They are provided to Children aged 12-17 who do **or** do NOT qualify under the NHS, as well as to adults.

Our Aims

We aim to provide Orthodontic care and treatment of consistently good quality for all Patients and only to provide services that meet Patients' needs and wishes. We aim to make care and treatment as comfortable and convenient as possible. In addition we aim:

- 1 To understand and exceed the expectations of our Patients
- 2 To both motivate and invest in our Team and acknowledge their value
- 3 To encourage all Team members to participate in achieving our Aims and Objectives
- 4 To set and monitor clear targets in all areas of the business
- 5 To invest in property, equipment and technology and to innovate processes based on a measured business case

Our Objectives

The Objectives of the Practice are to deliver a service of high standard in line with professional standards:

- 1 To be accountable for individual and Team performance
- 2 To support each other in achieving Patient expectations
- 3 To maintain the highest professional and ethical standards
- 4 To respond rapidly to the needs of our Team and our Patients
- 5 To encourage innovation, ambition, enterprise and continuous improvement
- 6 To ensure staff are trained and competent through investment and personal development.

This is achieved by offering Patients a personal service, integrating the highest quality products with the latest proven techniques and protocols.

Patients are treated with honesty, dignity and integrity, in complete confidence and the utmost discretion, in comfortable surroundings.

The Practice complies with the requirements of the Advertising Standards Authority and ensures that any advertisements reflect the true nature of services offered.

AIMS & OBJECTIVES (cont.d)

Our Team

The Practice will achieve its Aims & Objectives in a number of ways. As regards our Team of personnel, they will all be suitably qualified at all times. Those qualifications will be augmented and improved by regular training – conducted both internally and by outside resources. On-going, formal education and Continuous Professional Development will always be encouraged. Dental Services professionals on our Team will always be suitably qualified and legally entitled to fulfil their Role.

Key Issues re Service Delivery

We will maintain Policies and Procedures' which focus on the many elements which we identify as fundamental to delivering the Services, within our Aims & Objectives. They will be reviewed (and revised, as necessary) on a regular basis and the Team made familiar with them. They will cover such elements as:

- ◇ **Making an appointment** – All Patients are seen on an appointment basis.
- ◇ **Cancellation Policy** - At least 48 hours notice is required of a cancellation otherwise a charge may be made, which will be based on the circumstances of the Patient and at the Practice's discretion
- ◇ **Smoking Policy** - In order to provide a safe and smoke free environment for staff and Patients, the establishment is a no smoking area.
- ◇ **Methods of Payment/Credit** - All major credit/debit cards are accepted.
- ◇ **Mobile Phones** - Patients are requested not to use mobile phones within the building
- ◇ **Car Parking** - There are parking facilities very close to the Practice.
- ◇ **Client Centred Care** - We care about providing the right treatment for Patients, so treatments and procedures are only carried out after fully discussing the pros and cons with the Patient.
- ◇ **Consultations** - All initial consultations are carried out in person with Patients/clients, by qualified personnel in the privacy of the consultation/treatment room at our Practice which has the facilities for radiographic assessment

At the initial consultation, a medical history will be taken and an outline of the problem that the Patient presents with. They are given information on any planned procedure and all alternatives will be discussed, and consent obtained, prior to commencement.

- ◇ **Patient Records** - The details of Patients will be taken at the initial consultation which also form part of the Patient records. Records of all consultation and treatments are kept in Patients' Notes. Updates of those Notes takes place on the day of treatment, with them being returned to safe storage at end of day.
- ◇ **Information Provided to the Patients** - This Practice will ensure that information provided to Patients and prospective Patients and their families/carers is accurate and that any claims made in respect of services are justified. This is in the form of a Patient Information Leaflet. A variety of accessible information is also made readily available in print and on our website.

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AIMS & OBJECTIVES (cont.d)

- ◇ **Treatment of Children** – We do provide treatment for children. We expect minors to be accompanied to the Practice by their parents.
- ◇ **Consent** - The Practice operates a Consent Policy which means that a comprehensive Consent Form will be issued at the first consultation for the Patient to read and understand prior to proceeding with any treatment.

Patients have the right to make their own decisions regarding medical treatment and care. Prior to the commencement of treatment, Patients will be required to sign a form of consent.

Consent to treatment must always be given freely and voluntarily by a person capable of making decisions regarding the treatment. Those with a learning disability must be accompanied by a parent or guardian who will sign the Consent Form on their behalf.

- ◇ **Patient Surveys** - The Practice will obtain the views of its Patients at least once during their course of treatment, and use these to inform the provision of treatment and care of prospective Patients

Patients will be notified as to the availability of the survey within the Practice's Patient Information Leaflet. The Patient Information Leaflet itself is always readily available to Patients and copies are available at Reception.

It is the Policy of this Practice also to carry out regular random Patient surveys to seek the views of our Patients as to the quality of the treatment and care provided by our personnel.

This also enables the Practice to ensure compliance with its quality monitoring policy in line with its standards. The most recent results will be on display in the Practice and on our website, readily accessible to Patients and their families. These will also be issued to the Care Quality Commission as and when requested.

Patients views will be collated into a report by entering the results into a spreadsheet and totals and percentages will be calculated as to the overall performance. Explanation of the totals may also be represented by visual aids such as graphs and charts. The results of the survey will also be made available to staff by way of discussion at regular staff meetings. Guidance as to where and how to access the report will be noted in the minutes of those staff meetings.

- ◇ **Privacy and dignity of Patients** - The privacy and dignity of Patients are respected at all times. This Practice has a robust Policy of Patient Confidentiality and all information and records are kept safe and confidential. There are facilities for Patients to have private conversations with the clinical, reception and managing staff. The rights of our Patients as regard the personal information we obtain and use are known and fully respected: our GDPR-compliant Privacy Notice is provided to all potential Patients and exercising their rights is made as easy as possible. The Notice and other Data Protection information is included on our website.
- ◇ **Checklist for Consultation** – We explain the procedure to each Patient and give them an opportunity to ask questions. We explain what we are doing at each stage of the procedure.

If a chaperone has been present, we will record the identity of the chaperone in the notes and any other relevant issues or concerns immediately following the consultation.

- ◇ **COVID pandemic** – the Practice continuously applies robust procedures which ensure all Users are as safe as possible from the virus (including: all Team fully vaccinated & tested twice a week; patient-flow control; social distancing applied & enabled).

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AIMS & OBJECTIVES (cont.d)

- ◇ **Complaints Procedure** - This Practice will operate a complaints procedure as part of its dealings with Patients. It complies with the Care Quality Commission requirements.

Our Complaints Procedure is designed to make sure that we settle any complaints as quickly as possible. We shall acknowledge complaints within 3 working days and aim to have looked into the complaint within 10 working days of the date when it was raised. We shall then be in a position to offer an explanation or a meeting as appropriate. If there are any delays in the process we will keep the complainant informed.

When we look into a complaint, we shall aim to:

- 1 find out what happened and what, if anything, went wrong
- 2 make it possible for the complainant to discuss the problem with those concerned
- 3 Identify what we can do to make sure the problem does not happen again.

At the end of the investigation the complaint will be discussed with the complainant in detail, either in person or in writing.

The rules of medical confidentiality will be adhered to if the complaint is received on behalf of someone else. A note signed by the person concerned will be required, unless they are incapable (e.g. because of illness) of providing this to allow the complaint to be investigated. If the complaint is not resolved to the Patient's satisfaction, the Patient will be advised to write to:

Care Quality Commission (with the current contact details informed to them)

REGULATED ACTIVITIES

The Locations and Regulate Activities carried on, for the purpose of delivering the Services are:

"NAME"	LOCATION ID	Physical Address	Regulated Activity/ies *
Oxford	1-232746904	21 Beaumont Street Oxford OX1 2NA	1. TDDI 2. D and S

* "TDDI" = Treatment of Disease, Disorder or Injury; "D and S" = Diagnostic & Screening
"Diagnostic & Screening" procedures are carried out using modern digital x-ray units, as an activity ancillary to the proper diagnosis of a Patient's needs, in the context of the orthodontic Services delivered.

(NOTE: the Location – as from 1/11/2021 - is NO LONGER occupied IN CONJUNCTION WITH another Provider

LOCATIONS – DESCRIPTIONS AND FACILITIES

Initial Points

We will be open between 8.30 AM and 5.30 PM, Monday thru Friday (with details for emergency contact provided to Patients as well as visibly published at the entrance).

The physical layout allows for accessibility of ALL Patients, both as regards access into the Location as well as to facilities within it. The Reception facilities provide easy and open access to Reception staff and a spacious waiting area which is well-lit and comfortable. Both are conveniently located on the ground level.

Each Surgery is fully equipped with all appropriate equipment, to meet the needs of the Services delivered and self-contained (ensuring comfort and confidentiality of treatment).

All specialised equipment and consumables are purchased from reputable suppliers of long-standing. Programmes of maintenance are established and followed, with the assistance of specialists as appropriate.

Other unique Location features are set out below.

Oxford

- 1 The Location (viz. 21 Beaumont Street Oxford OX1 2NA) is in the centre of Oxford. There is a bus depot servicing various routes into the city and ample private parking. Both of which are located very close to the Practice (each only a few minutes' walk away).
- 2 The Practice has occupied a four storey, Grade II listed building since January 2007 (fully renovated to our specifications at the outset) with entrance at ground level.
- 3 There are three fully functioning surgeries within the premises, using the ground floor (one of) and the first floor (two of). The digital x-ray unit is contained within its own room on the ground floor (lead-lined as per Regulations).
- 4 The layout allows easy wheelchair access.