RICHMOND
DENTAL SUITE

# Safeguarding Patients Guidance

## Patients and Visitors Policy

Richmond Dental Suite has a responsibility to ensure that patients & visitors to its premises do not encounter any hazards & that they comply with our Health & Safety policy.

Any problems encountered with patients or visitors, should be reported to the Patient Safety Officer or Practice Owner / Manager so that corrective action can be taken.

**Patient Safety Officer is Practice Manager**
**Deputy Patient Safety Officer is Dr Antimos Ouzounoglou**

### Patients and Visitors Procedures

Richmond Dental Suite recognises the need to ensure that patients & visitors to the practice are not exposed to any risks. The following guidance should be followed for all patients & visitors.

- All patients & visitors should notify reception on arrival & departure.
- Patient arrivals & departures are recorded within Exact as part of diary & appointment management.
- The reception team should record other visitor details in case of emergency within the practice visitors book
- If an emergency occurs our staff are responsible for ensuring your safety & you will be guided to the assembly point as defined in the Fire Procedures, **a copy is kept with the fire alarm operation panel near the front door**.
- Where an unavoidable Health & Safety hazard is known to exist patients & visitors will be made aware of the hazard & care will be taken to protect you from risk.
- Accidents or potential accidents which affect you should be reported & recorded. Where necessary the Patient Safety Officer or Practice Owner / Manager will investigate the incident.
- Children should always be accompanied by a responsible adult who should be aware of the need to supervise them whilst on the practice premises.
- If a problem occurs the Patient Safety Officer or Practice Owner / Manager should be informed as soon as possible.

## Patient Safety - Practice Procedure

When a patient safety incident happens, the BDA encourages dental practices to report any untoward incidents to their primary care organisation (PCO) – PCT or health board. Individuals can also report incidents directly to the NRLS.

Any incident that had an impact on patient safety, or had the potential to have an impact, should be reported, for example, medication errors, patient identification errors, exposure to hazardous substances, wrong site surgery such as the wrong tooth extracted, poor infection control, fractured or missing instruments & missing records.

No matter how careful people are, mistakes can happen. Everyone in the practice should be encouraged to report incidents & near misses. People will not report incidents, however, if they believe that they or their colleagues might, as a result, be disciplined or punished, so an open & fair environment must be established.

- Staff should be open about the incidents they have been involved in to encourage open & frank lines of communication
- Everyone at the practice should be accountable for their actions
- Everyone should be able to talk to colleagues about any incident
- The practice should be open with patients when things have gone wrong & explain what lessons have been learnt
- Staff should be treated fairly & supported when an incident happens

## Patient Safety Officer Guidelines

A patient safety officer is responsible for investigating patient safety incidents & reporting back. When investigating an incident, listen & be supportive & concentrate on work practices & procedures. Incidents should not be disciplinary matters, unless an individual has acted deliberately or recklessly.

Discuss patient safety at practice meetings & give feedback from previous meetings. Encourage everyone to be critical about the practice & ask questions or challenge a process of procedure if they feel it might affect patient safety. Include patient safety in the induction training programme for new staff.

Patient safety incidents are not usually random occurrences or unpredictable events beyond control. Chance does play a part & human error can never be eliminated but the majority of incidents fall into systematic & recurrent patterns.

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Patient safety is an important aspect of risk management & you will need to identify things that could go wrong & develop systems to manage these potential risks. When carrying out your practice risk assessment, involve relevant staff members – receptionists for the reception area & waiting room, dental nurses for the clinical areas & patient care aspects, for example. They may see situations differently & be aware of potential risks that you might not consider.

Use information about reported incidents to improve patient care - check both the accident book & the complaints received to assess whether there are any incident patterns emerging. Assess the potential risk to individual patients in advance of treatment. A model practice risk assessment is available in BDA Expert.

## Patient Safety Officer Duties

The practice has a responsibility to ensure that patients & visitors to its premises do not encounter any hazards & are not exposed to any risks, alongside staff safety requirements. The practice being a place of work & being accessed by the public must therefore comply with all legal Health & Safety regulations & ensure its own Health & Safety policies align with these requirements. This task should be undertaken by the practice Health & Safety Officer.

Any problems encountered by/with patients or visitors, should be reported to the Patient Safety Officer

An outline of the Patient Safety Officer duties is detailed below. The Patient Safety Officer should ensure the patient & visitor procedures are followed:

- That all patients or visitors should notify reception on arrival & departure
- If an emergency occurs staff are responsible for ensuring patient & visitor safety**.** Staff should guide patients & visitors to the assembly point as defined in the practice Fire Procedures, a copy of which can be found at reception
- Where an unavoidable Health & Safety hazard is known to exist patients & visitors will be made aware of the hazard & care will be taken to protect people from risk
- Accidents or potential accidents which affect patient & visitors should be reported & recorded. Where necessary the H&S Officer & Practice Owner / Manager will investigate the incident
- Children should always be accompanied by a responsible adult who should be aware of the need to supervise them whilst on the practice premises
- If a problem occurs the H&S Officer & Practice Owner / Manager should be informed as soon as possible.
- Patient safety should be taken seriously & the aim is to ensure that incidents affecting patient & visitor safety directly & indirectly are kept to a minimum at all times. However, no matter how

careful people are mistakes can sometimes happen so everyone should be encouraged to report mistakes & near misses as soon as possible so that action can be taken promptly. The Patient Safety Officer should aim to raise awareness that all staff should be reporting all patient safety incidents, near misses or concerns, even if it could be something within the practice that might affect patient safety in the future. A regular agenda item on monthly team meetings for example.

- If an incident occurs he Patient Safety Officer will enter the incident, near miss or concern in the incident report book & begin investigations on what happened, how it happened & why. They will consider with the clinician concerned whether the appropriate defence organisation should be informed.

- Where an incident has caused a patient harm or distress, the Patient Safety Officer will ensure that the patient has been given a full explanation of the incident & what action is being taken by the practice. Where appropriate, an apology will be given & followed up in writing if necessary. All communication with the patient (verbal & written) must be recorded within the patient's notes.

- The Patient Safety Officer will also consider whether the patient, the immediate family of the patient, members of the team involved in the incident & those responsible for reporting the incident need further support. The aim is to encourage reporting of adverse incidents & to refrain from attributing blame when mistakes are made.

- When the details of the incident have been established & if appropriate, the Patient Safety Officer will discuss the matter with the other members of the dental team at a practice meeting. Solutions or changes to current policies & protocols will be discussed fully & action agreed. If relevant, changes will be notified to the patient. The effectiveness of the solutions &/or changes will be reviewed at agreed intervals & the findings reported at practice meetings.

- The Patient Safety Officer will ensure that the incident is fully recorded & that the practice risk assessment is updated in the light of the proposed solutions or changes.

- The Patient Safety Officer will, where required, report adverse incidents to the Patient Safety Manager at the Strategic Health Authority, according to national guidelines.

- The Patient Safety Officer is responsible for ensuring they keep up to date with any changes, guidelines or recommendations made to patient & visitor safety matters. If required, these changes should be brought to the attention of the team & policies updated.

- The Patient Safety Officer is responsible for reviewing the associated policies & duties at least annually

- Where appropriate, the Patient Safety Officer should also have input into general health & safety matters within the practice

## Communicate with Your Patients

When something goes wrong, those who have been harmed want information about what has happened & often want an apology. Patients often accept something has gone wrong when told about it promptly, fully & compassionately - honesty often minimises the trauma.

Patients who feel they have not received an apology or an explanation are more likely to complain & seek compensation. When things have gone wrong & a patient has been harmed as a result, provide them with an

immediate apology where it is due, together with clear, accurate & timely information. Reassure them that the right lessons have been learnt. Patients & their families should be dealt with in a respectful & sympathetic way.

## Learn from the Incident

Look at the underlying causes of a patient safety incident to identify how to prevent it happening again. Investigate how & why it occurred, rather than finding who is to blame (root cause analysis). Identify the chain of events leading up to the incident & why something went wrong & decide what changes are necessary to prevent the incident happening again.

Discuss & agree this with the practice team & involve them in developing ways to make patient care better & safer. Review with the team, the impact of the changes & provide feedback.

## Patient Safety Policy

We take patient safety very seriously in this practice & aim to ensure that incidents affecting patient safety directly & indirectly are kept to a minimum at all times. No matter how careful people are with the work that they undertake, mistakes can sometimes happen – the best people sometimes make the worst mistakes. Within our practice we encourage everyone to report mistakes & near misses as soon as possible so that action can be taken promptly.

The following procedure should be followed:

- **if an event happens that affects patient safety or potentially affects patient safety**
- **if you feel something within the practice might affect patient safety in the future**

1. All patient safety incidents, near misses or concerns should be reported to the Patient Safety Officer

2. The Patient Safety Officer will immediately enter the incident, near miss or concern in the incident report book & begin investigations on what happened, how it happened & why. They will consider with the clinician concerned whether the defence organisation should be informed.

3. Where an incident has caused a patient harm or distress, the Patient Safety Officer will ensure that the patient has been given a full explanation of the incident & what action is being taken by the

practice. Where appropriate, an apology will be given & followed up in writing if necessary. All communications with the patient (verbal & written) will be recorded.

4. The Patient Safety Officer will also consider whether the patient, the immediate family of the patient,
   members of the team involved in the incident & those responsible for reporting the incident need further support. We aim to encourage reporting of adverse incidents & will not blame individuals when mistakes are made.

5. When the details of the incident have been established, & if appropriate, the Patient Safety Officer will discuss the matter with the other members of the dental team at a practice meeting. Solutions or changes to

   current policies & protocols will be discussed fully & action agreed upon. Also what lessons can be learnt from the incident discussed. If relevant, changes will be notified to the patient.

6. The effectiveness of the solutions &/or changes will be reviewed at agreed intervals & the findings reported at practice meetings.

7. The Patient Safety Officer will ensure that the incident is fully recorded & that the practice risk assessment is updated in the light of the proposed solutions or changes.

8. The Patient Safety Officer will, where required, report adverse incidents to the Patient Safety Manager at the Strategic Health Authority, according to national guidelines.

## Safeguarding Children / Young Persons & Vulnerable Adults Vulnerable Adult (Elderly, Disabled, Persons With Learning Difficulties or Infirm)

We are committed to safeguarding children & vulnerable adults & to protecting them from harm. Our dental team accepts & recognises our responsibilities to develop awareness of the issues which may cause harm to children & vulnerable adults.

The Child Protection & Adult Safeguarding Lead at our practice is **Dr Antimos Ouzounoglou,** the practice deputy is the **Practice Manager**.

They are the relevant points of contact for raising concerns. They also have responsibility for ensuring that our policies & procedures for safeguarding children & vulnerable adults are kept up-to-date & operated correctly. We will endeavour to safeguard children & vulnerable adults by:

- developing an awareness of safeguarding issues
- promoting good safeguarding practice through all our practice policies & procedures
- following the guidelines set out below

- making team members & patients aware that we take child & vulnerable adult protection seriously & respond to concerns about the welfare of children & vulnerable adults
- sharing information about concerns with agencies who need to know & involving parents & children appropriately
- following carefully the procedures for staff recruitment & selection (including referencing & DBS disclosure)
- providing effective management for staff by ensuring access to supervision, support & training.

This policy is underpinned by the following principles:

- patients have access to information & knowledge to ensure that they can make an informed choice
- patients are given the opportunity to consider the various treatment options available to them & are encourage to fully participate in their care at the practice
- patients are supported to make their own decisions & to give or withhold consent to treatment - unless provided for otherwise by law, no-one can give or withhold consent on behalf of another adult
- information about patients held by the practice is managed appropriately & all members of the team understand the need for confidentiality
- the individual needs of the patient are respected
- the background & culture of all patients is respected
- practice procedures ensure the safety of patients at all times
- recruitment & selection procedures at the practice are followed routinely & ensure that all required checks are carried out.
- We will review this policy & guidance annually.

## Children & Vulnerable Adult Term Explained

A child is anyone who has not yet reached their 18th birthday.

The term vulnerable adult means a person above the age of 18 years who is or may be in need of community services, including healthcare services by reason of mental or other disability, age or illness & who is unable to take care of themselves or unable to protect themselves against significant harm or exploitation.

Members of the dental team are in a position where they may observe the signs of abuse or neglect or hear something that causes them concern. The dental team has an ethical responsibility to find out about & follow local procedures for child protection & to follow them if a child (or an adult) is or might be at risk of abuse or neglect (Standards for dental professionals, GDC 2005). There is also a responsibility to ensure that children & vulnerable adults are not at risk from members of the profession.

As a dental professional you have a responsibility to raise any concerns you may have about the possible abuse or neglect of children or vulnerable adults. It is you responsibility to know who to contact for further advice & how to refer to an appropriate authority, such as your local health trust or board. The dental team is not responsible for making a diagnosis of abuse or neglect, just for sharing concerns appropriately. Abuse & neglect are described in four categories but they can take many forms & can happen anywhere:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect & acts of omission
- Domestic abuse
- Self-neglect

## Physical Abuse

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm. It may also be caused by a parent or carer fabricating the symptoms of, or deliberately causing, illness. Orofacial trauma occurs in at least 50% of children diagnosed with physical abuse – & a child with one injury may have further injuries that are not visible.

## Emotional Abuse

Is the persistent emotional maltreatment causing severe & persistent adverse effects on emotional development. It may involve conveying worthlessness, inadequateness or valued only insofar as they meet the needs of the other person. It may feature:

- age or developmentally inappropriate expectations being imposed
- interactions that are beyond that person's development capability
- overprotection & limitations of exploration & learning
- preventing the participation in normal social interaction
- seeing or hearing the ill-treatment of another
- causing the person to feel frequently frightened or in danger
- exploitation or corruption

## Sexual Abuse

Involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative (eg. rape, buggery) or non-penetrative acts. They may involve non-contact activities, such as the involvement of looking at, or in the production of, pornographic material or watching sexual activities, or encouraging behaviour in sexually inappropriate ways.

## Neglect

Is the persistent failure to meet basic physical &/or psychological needs, likely to result in the serious impairment of health or development. It may occur in pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer or the same in the case of the elderly

- failing to provide adequate food & clothing, shelter
- failing to protect from physical & emotional harm or danger
- failure to ensure adequate supervision
- failure to ensure access to appropriate medical care or treatment
- neglect of, or unresponsiveness to basic emotional needs

## Financial Abuse

Involves stealing from a vulnerable adult by, for example, a carer using benefit money to buy things for themselves. You may become aware of potential abuse in a number of different ways.

- through a direct allegation (often referred to as a disclosure) made by a child, vulnerable adult, parent, carer or some other person

- through signs & symptoms which suggest physical abuse or neglect (see above)

- through observations of child behaviour or parent-child interaction, vulnerable adult & the relationship with
- their carer

## If you are worried about someone – practical steps

It is uncommon for dentists to see patients with signs of abuse &, generally dentists are not in a position to assess all the factors involved. However, where you have concerns about someone who may have been abused & there is no satisfactory explanation, prompt action is important. You may observe or identify injuries to the head, eyes, ears, neck, face, mouth or teeth as well as other possible welfare concerns such as bruising, burns, bite marks, eye injuries & possible other types of injuries that could raise concern.

**Ask yourself:**

- could the injury have been caused accidentally? If so, how?
- does the explanation for the injury fit the age & clinical findings?
- if the explanation of the cause is consistent with the injury, is this itself within the normally acceptable limits of behaviour?
- if there has been any delay in seeking advice, are there good reasons for this?
- does the story of the accident vary?

**Observe**:

- the relationship between the parent/carer & child/vulnerable person
- the reaction to other people
- the reaction to dental examinations
- any comments made by the child, vulnerable adult or parent/carer that give concern about their upbringing or lifestyle

Discuss your concerns with an appropriate colleague or someone you can trust. If you remain concerned, informal advice could be sought first from your local social services without disclosing the persons name. This will help you decide whether you should make a formal referral – by telephone so that you can directly discuss your concerns.

## Seek Permission to Refer

It is good practice to explain your concerns to the child / parents / carer, informing them of your intention to refer & seek their consent – being open & honest from the start results in better outcomes. Do not, however, discuss your concerns with the parents / carer where

- the discussion might put the person at greater risk
- the discussion would impede a police investigation or social work enquiry
- sexual abuse by a family member, or organised or multiple abuse is suspected
- fabricated or induced illness is suspected
- parents or carers are being violent or abusive & discussion would place you or others at risk
- it is not possible to contact parents or carers without causing undue delay in making the referral

## Where there is serious physical injury arising from suspected abuse:

- refer the person to the nearest hospital Accident & Emergency Department with the consent of the person having parental responsibility or care
- advise the A&E Department in advance (by telephone) that the patient is coming
- if consent is not obtained, the Duty Social or Care Worker at the local Social Services Department or the police should be told of the suspected abuse by telephone so that the necessary action can be taken to safeguard their welfare
- a telephone referral to Social or Care Services must be confirmed in writing within 48 hours, repeating all relevant facts of the case & an explicit statement of why you are concerned. The telephone discussion should be clearly documented – who said what, what decisions were made & the agreed unambiguous action plan
- Where less serious injury is recorded or there is concern for the physical or emotional well-being, discuss the appropriate reporting procedures & your concerns with a senior local colleague, such as a hospital consultant, dental adviser or consultant in Dental Public Health or contact the health professional for child protection at the local Primary Care Organisation (PCO).

## Recording & Reporting

Reports should be restricted to

- the nature of the injury
- facts to support the possibility that the injuries are suspicious

Attendance of the referring dentist may be required by the Social Services Department at a case conference or if there is a court hearing, so comprehensive written records of the injuries & its history (as reported) must be kept together with clinical photographs.

## Listening to Children & Vulnerable Adults

We aim to create an environment in which children & vulnerable adults know their concerns will be listened to & taken seriously. We communicate this by:

- asking children for their views when discussing dental treatment options & seeking their consent to dental treatment in addition to parental consent;
- involving children & vulnerable adults when we ask patients for feedback about our practice; &
- listening carefully & taking them seriously if they make a disclosure of abuse.

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## Providing a Safe & Friendly Environment for Children & Vulnerable Adults

We will provide a safe & friendly environment by:

- taking steps to ensure that areas where patients are seen are welcoming & secure (with facilities for children to play where appropriate);
- considering whether young people or vulnerable adults would wish to be seen alone or accompanied by their parents or carers;
- ensuring that staff never put themselves in vulnerable situations by seeing young people or vulnerable adults without a chaperone; &
- operating safe recruitment procedures (refer to recruitment policy).

## Other Relevant Policies & Procedures

Clinical governance policies that we already have in place contribute to the practice being effective in safeguarding children & vulnerable adults. Relevant policies & procedures include:

- safe staff recruitment procedures: carrying out checks with the DBS, making job applicants aware of our policy on child protection & safeguarding vulnerable adults, checking gaps in employment history, requesting proof of identity, taking up references;
- our complaints procedure: so that children or parents attending our practice can raise any concerns about the actions of team members that may put children at risk of harm;
- Whistleblowing policy (underperformance policy): so that team members can raise concerns if practice procedures or the action of colleagues put patients at risk of harm.
- confidentiality policy, consent policy, equal opportunities policy, equality & diversity policy, patient safety policy, etc.

## FGM (Female Genital Mutilation)

On the 31st October 2015, a new mandatory duty to report FGM cases to the police came into force. Who does it apply to?

- All registered healthcare professionals & social workers in England, & Wales, including all dental professionals registered with the GDC who practice in England & Wales
- This is a personal duty: the health professional who first identifies FGM or is told by a girl under 18 years of age, that she has been subject to FGM, must report it to the police.

What does it involve?

The new duty applies where a dental professional, in the course of their work, either:

- Is informed directly by a girl under the age of 18 that an act of FGM has been carried out on her, or
- Observes physical signs which appear to show FGM – due to the nature of their work this aspect of the duty will apply principally to doctors, nurses & midwives.
- There are 4 main types of FGM
- Type 1 – CLITORIDECTOMY – removing part or all of the clitoris
- Type 2 – EXCISION – removing part or all of the clitoris & the inner labia, with or without removal of the labia majora.
- Type 3 – INFIBULATION – narrowing of the vaginal opening by creating a seal, formed by cutting & repositioning the labia.
- OTHER HARMFUL PROCEDURES – to the female genitals, which include pricking, piercing, cutting, scraping & burning the area.

## Effects of FGM

There are no health benefits to FGM. Removing & damaging healthy & normal female genital tissue interferes with the natural functions of girls' & women's bodies. **Immediate effects:**

- severe pain
- shock
- bleeding
- wound infections, including tetanus & gangrene, as well as blood-borne viruses such as HIV, hepatitis B & hepatitis C
- inability to urinate
- injury to vulval tissues surrounding the entrance to the vagina / damage to other organs nearby, such as the urethra (where urine passes) & the bowel FGM can sometimes cause death.

**Long-term consequences**

- chronic vaginal & pelvic infections
- abnormal periods
- difficulty passing urine, & persistent urine infections

- kidney impairment & possible kidney failure
- damage to the reproductive system, including infertility
- cysts & the formation of scar tissue
- complications in pregnancy & newborn deaths
- pain during sex & lack of pleasurable sensation
- psychological damage, including low libido, depression & anxiety (see below)
- flashbacks during pregnancy & childbirth
- the need for later surgery to open the lower vagina for sexual intercourse & childbirth

### Psychological & mental health problems

Case histories & personal accounts taken from women indicate that FGM is an extremely traumatic experience for girls & women, which stays with them for the rest of their lives. Young women receiving psychological counselling in the UK report feelings of betrayal by parents, as well as regret & anger.

## Modern Slavery

Including; slavery, human trafficking, forced labour & domestic servitude, Traffickers & slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude & inhumane treatment

- Physical Appearance: victims may show signs of physical or psychological abuse, look malnourished or
  unkempt, appear withdrawn

- Isolation: Victims will rarely be allowed to travel on their own, may seem under the control of others, rarely interact, may seem unfamiliar with their neighbourhood

- Poor Living: May be living in dirty, cramped, overcrowded accommodation. May be living and working at the same address.

- Few or No Personal Effects: They may have no identification or documents, few personal possessions, wear same clothes day in & day out

- Restricted Freedom of Movement: Victims may have little opportunity to move freely, may have had passports taken away.

- Unusual Travel Times: May require strange/unusual appointment times

- Reluctant to Seek Help: May avoid eye contact, appear frightened or hesitant to talk.

## Disabled Patients Policy

We recognise that many of our patients, whether disabled or otherwise, have individual needs when seeking to make use of our services. However, we also recognise the fact that for some patients & the nature of their disabilities may mean that they experience specific difficulties related to access to our services.

As part of our ongoing commitment to equal opportunities & the delivery of outstanding personal service, we will endeavour to ensure that disabled patients receive the same standards of service as all other patients. To achieve this we will:

1) Communicate to all staff our policy on the provision of services that ensures the inclusion of disabled people.

2) Provide appropriate disability awareness training for staff who have contact with the public, which will explain the policy towards disabled patients & the effective implementation of reasonable adjustments. Training to include appropriate handling of disabled people & the related etiquette.

3) Address acts of disability discrimination via existing conduct codes, where appropriate.

4) In order to ensure that the services we provide effectively meet the needs of the disabled patients, we will make reasonable adjustments to enable disabled people to use our services, such as arranging to see patients on a ground floor surgery when required, having an access ramp, disabled toilet facilities, induction loop & informing patients that the practice is on the second floor both on our website, any information leaflets & by information given at the appointment booking stage on reception.

5) Regularly review whether our services & facilities are both accessible & effective & take appropriate action when required.

6) We will monitor the implementation & effectiveness of this policy on a regular basis.

7) We will operate an accessible customer complaints procedure whereby disabled people can make improvement suggestions & request assistance.

## Ability to Give Consent

Every person aged 16 or over has the right to make their own decisions & is assumed to be able to do so, unless they show otherwise. We recognise that, in some circumstances, children under 16 years may be able to give informed consent to examination & treatment.

If a child under the age of 16 has "sufficient understanding & intelligence to enable him/her to understand fully what is proposed" (GILLICK COMPETENCE), then he/she will be competent to give consent for him/herself. Young people aged 16 & 17, & legally 'competent' younger children, may therefore sign a Consent Form for themselves but may like a parent to countersign as well.

## Diminishing Consent

Valid consent is just as important when treating children & young people, or adults with diminished capacity, as it is with competent adults. Dental professionals are increasingly aware of their ethical responsibility to permit patients to participate in treatment decisions through the informed consent process. At the same time, growing numbers of geriatric patients present special challenges that can jeopardise the use of informed consent. Consequently, the use of informed consent with geriatric patients warrants special analysis due to complicating factors such as patient passivity & potentially questionable competency. This of course can also potentially be the case for patients who are diagnosed with, for example, a brain tumor, Alzheimer's, mental illness etc

If a practitioner has any doubts regarding an individual patient then it would be sensible to seek specific advice. The decision-making process should consider the views of others with an interest in the person's welfare, such as primary carer, nearest relative, named person, attorney or guardian. In general terms of the Act, 'incapable' means not being able to do one or more of the following:

- Act on decisions
- Make decisions
- Communicate decisions

- Understand decisions
- Remember decisions previously made.

What Are Indications of Potentially Diminished Capacity -

- Diagnosis of dementia or cognitive impairment
- Presenting for an evaluation of dementia
- Medical records or family member or person well acquainted with the person informing us that the person has symptoms of cognitive impairment or dementia
- Abnormal degree of confusion, forgetfulness or difficulties in communication that is observed in the course of interacting with the patient
- Psychotic symptoms, bizarre or abnormal behavior exhibited by the person

When there is an indication that capacity for consent may be diminished, an appropriately trained dental professional must make an assessment of the patient's ability to understand the specific treatment being suggested & make an informed decision. The assessment will be based upon the five principles embedded in the Mental Capacity Act of 2005.

It should be borne in mind that an individual might be able to consent to some treatment but not to others. Dentists should consider in the first instance whether the patient can actually consent on their own behalf to the treatment proposed. However, if the view is that the patient does not have capacity to consent, then dentists should be aware that only clinicians who have undertaken an approved training course can sign the
required Section 47 certificate. Dentists are advised to contact their protection organisation for advice in specific situations.

Recording patients' consent is an essential part of providing quality dental services. To support practices in maintaining effective records, Mint has developed a 'Capacity to consent' assessment tool. This assessment can be completed on behalf of clinicians by a trained dental nurse or care coordinator. It aims to record the patients' understanding & ability to make an informed decision

Patients who lack capacity should not be denied necessary treatment simply because they are unable to consent to it. The Mental Capacity Act 2005 applies where decisions have to be made on behalf of persons lacking capacity. A Lasting Power of Attorney (LPA) can empower a nominated person to make decisions regarding a patient's personal welfare. However, the LPA needs to be registered & the attorney can only make decisions when the patient lacks capacity.

## Consent & Mental Capacity Policy

The practice follows the GDC guidelines Standards for the Dental Team: 'Principle 3, Obtain Valid Consent'. We treat patients politely & with respect, in recognition of their dignity & rights as individuals. We also recognise & promote our patients' responsibility for making decisions about their bodies, their priorities & their care & make sure we do not take any steps without a patient's consent (permission).

The clinical team member will always obtain valid consent before starting treatment or physical investigation, or providing personal care for a patient, because patients have a right to choose whether or not to accept advice or treatment. Clinical team members are adequately trained to ensure that the patient has:

- Enough information to make a decision (informed consent)
- Made a decision (voluntary decision-making)
- The ability to make an informed decision (capacity)

The nature of treatment [NHS or private] & all charges are clarified to the patient before it commences & the patient is provided with a written treatment plan & cost estimate. All team members are aware that:

- Once the consent has been given it may be withdrawn at any time

- Giving & getting consent is a process, not a one-off event. It is an ongoing discussion between the clinician & the patient
- It is necessary to find out what the patient wants to know, as well as saying what the clinician thinks the patient needs to know. Examples of information which patients may want to know include: why a proposed treatment is necessary; the risks & benefits of the proposed treatment; what might happen if the treatment is not carried out & alternative forms of treatment, their risks & benefits, & whether or not the treatment is considered appropriate
- If an estimate has been agreed with a patient, but it is necessary to change the treatment plan, the patient's consent to any further treatment & extra cost will always be obtained prior to providing the changed treatment. This will be achieved by the provision of an amended written treatment plan & estimate
- Everyone aged 16 or over is presumed to have capacity to make their own decisions unless it can be shown that they lack capacity to make a particular decision at the time it needs to be made. If the treating clinician thinks that someone lacks capacity to make a treatment decision, s/he will carry out a mental capacity assessment &, if appropriate, make a decision in the person's best interests.

## Children's Consent - A child is a person under 18.

Children aged 16 & over are presumed to have capacity & able to consent or, refuse to treatment in their own right. If the practitioner thinks a child aged 16 or over may lack capacity, a mental capacity assessment will be carried out & the results recorded in the clinical notes.
If a child is under 16, it is the first choice to obtain the consent of the parent or carer. But for various reasons this may not be possible. A child who is under 16 can give consent if the practitioner considers that the child is 'Gillick competent'.

## Consent for Processing Personal Data

There is a separate policy that coverts consent for processing the personal data of non-patients. See the Data Protection & Information Security Policy, which covers marketing & its communication methods.

Training on consent is provided to team members at staff meetings. Consent procedures are reviewed & monitored by the practice manager.

## Mental Capacity Policy

In our practice, we treat patients politely & with respect, recognising their dignity & rights as individuals. We also encourage patients to be involved in decisions about their care &, before

embarking on any aspect of patient care, we seek their consent to do so – recognising the rights of patients to decide what happens to their bodies. We recognise that patients have the right to refuse advice or treatment.

## Informed Consent

We aim to provide each patient with sufficient information in a way that they can understand to allow them to make a decision about their care. We will use various communication tools to ensure that the patient understands what is being suggested.

In our discussions with patients, we explore what they want to know to help them make their decisions & explain:

- why we feel the treatment is necessary
- the risks & benefits of the proposed treatment
- what might happen if the treatment is not carried out
- the alternative treatment options & their risks & benefits

We encourage patients to ask questions & aim to provide honest & full answers. We always allow patients time to make their decisions.

We always make sure that the patient understands whether they are being treated under the NHS or privately & what the costs will be. Where a patient embarks on a course of treatment, we provide a written treatment plan & cost estimate.

Where changes to the treatment plan are needed, we obtain the patient's agreement & consent, including to any changes in the costs. The patient is given an amended treatment plan & estimate.

## Voluntary Decision Making

Decisions about their care must be made by the patient, & without pressure. We respect the patient's right to:

- refuse to give consent to treatment
- change their minds after they have given consent.

When this occurs we will not put pressure on the patient to reconsider but where we feel it is important, we will inform the patient of the consequence of not accepting treatment.

## Mental Capacity

The Mental Capacity Act 2005 is designed to protect & empower individuals who may lack the mental capacity to make their own decisions about their care & treatment. Dental practitioners are required to

act under the provisions of the new act & follow its code of practice when treating mental incapacitated adults. Dentists may be required in most cases to make their own capacity assessments & determine when treatment is in the patients best interests.

Examples of people who may lack capacity include those with:

- DEMENTIA
- A SEVERE LEARNING DISABILITY
- A BRAIN INJURY
- A MENTAL HEALTH CONDITION
- A STROKE
- UNCONSCIOUSNESS CAUSED BY AN ANAESTHETIC OR SUDDEN ACCIDENT

The law says someone lacking capacity CANNOT do one or more of the following four things:

- Understand information given to them
- Retain that information long enough to be able to make a decision
- Weigh up the information available to make a decision
- Communicate their decision

Where we have doubts about a patient's ability to give informed consent, we will seek advice from our defence organisation.

## Acting in the Patients Best Interest

If a patient needs care or treatment someone can give you the care or treatment you need.
This may happen because the patient needs help to decide what care or treatment they want because they cannot decide on your own because they do not have capacity at the time.
The person caring or giving treatment must follow the best interests checklist to decide what is in your best interest. For example in dentistry this could be:

- Treating the patient to get them out of pain (swelling, abscess etc)
- Dealing with trauma from an accident

If the patient has made a Lasting Power of Attorney, an advance decision to refuse treatment, or have a deputy, then they would make these decisions if you lack mental capacity.

## Lasting Power of Attorney

Lasting Power of Attorney (LPA) is a legal document where you can say in writing who you want to make certain decisions for you, if you cannot make them for yourself. This person is called an attorney.

You can only make this legal document if you understand what it means.

You can already do this for property & money. You would do this using an Enduring Power of Attorney (EPA).

The Mental Capacity Act has a new kind of power of attorney called a Lasting Power of Attorney (LPA). The attorney must act in the best interests of the person lacking mental capacity.

If a clinician in our practice is treating a patient with mental capacity who has an LPA, we need to ensure that their rights cover Health & Welfare.

If you would like any other information on The Mental Capacity Act, you can Google 'Mental Capacity Act: Easy Read' or ask our practice manager for more information.

## Safe Recruitment

The regimes for protecting or safeguarding vulnerable groups (children or adults who are permanently or temporarily incapacitated) prevent those who could pose a danger from working with vulnerable groups.

Before taking on a new member of staff or self-employed worker, routine checks are carried out to ensure that the individual is entitled to work in the UK, is registered with the GDC (where relevant), has undergone relevant health screening, immunisation & is safe to work with vulnerable groups.

New recruits are checked when they join the practice.

Our recruitment procedures aim to identify & seek explanations for gaps in employment history & ensure that references from previous employers are routinely taken up.

## Criminal Record Checks

We check that new recruits are not barred from working with children or vulnerable adults. Criminal record checks provide information to authorised organisations about an individual's criminal convictions &

cautions & are undertaken for existing staff & new recruits.

In England & Wales, the Disclosure & Barring Service (DBS), previously Criminal Records Bureau (CRB) is responsible for the disclosure of criminal records.

All members of the dental team who have contact with children or vulnerable adults have a valid enhanced disclosure. This includes dentists & DCPs but might also include receptionists if they are left unsupervised with patients.

## Updating Criminal Record Checks

Criminal record checks are only valid at the point of disclosure, so new checks should be undertaken at regular intervals – **every three years** is suggested, or if a worker takes on a new role, has a break in service of over three months or there are concerns about their conduct. You must inform the GDC if you are subject to criminal proceedings or a regulatory finding is made against you anywhere in the world.

If a job candidate has a recent criminal record disclosure, it is at the new employer's discretion whether they accept the recent disclosure. The employer must consider the candidate's credentials, references, work history & undertake a full risk assessment. In general it is likely that the new post will require a new criminal record check.

## Performance Concerns

At some time in your practising career, you may encounter a colleague whose work, behaviour or activities cause you concern. You may also face a time when you feel that your own behaviour or professional performance is putting your patients at risk. In either situation, you should take action – there are a number of sources of support & advice that you can access.

Underperformance usually describes performance that puts patients at risk, fails to meet accepted & required standards or is outside what is considered normal practice. Indicators of underperformance may include:

- Poor skills in clinical care
- Poor organisational & managerial skills in the delivery of healthcare
- Knowledge, skills & attitudes that are below expected standards
- A lack of clinical competence
- Behavioural problems
- A high number of patient complaints over a period of time

## Concerns About Your Own Performance

If you have concerns about your own health, behaviour or professional performance, you should:

- Seek & follow medical advice if you know that you have a serious condition which you could pass on to patients, or that your judgement or performance could be seriously affected by a condition or illness

- Get help if you have other problems which are affecting or may affect your professional performance

- Only carry out tasks or treatments if you are trained & competent to do them
- Not deter anyone from raising a concern about your health, behaviour or performance
- Co-operate fully with any procedure for investigating concerns which applies to your work.

## Responsibility to Raise Concerns

Dental professionals have a duty to put patients' interests first & act to protect them. When confronted with performance issues, it is natural to question whether your concerns really are justified, to hope that problem goes away or resolves itself & to avoid getting involved, particularly if the individual concerned is a close colleague or friend.

High-profile medical cases have changed the expectations of health professionals & reporting cases is an integral part of clinical governance.

Your duty to raise a concern overrides any personal & professional loyalty. The GDC Guidance Principles of raising concerns requires you to take action if you believe that patients might be at risk because of your health, behaviour or professional performance, or that of a colleague, or because of any aspect of the clinical environment.

Raising a concern is different from making a complaint. A complaint requires the complainant to prove their case. **Raising a concern does not require proof of malpractice**, you should not be asked to prove your concerns. It is about highlighting a potential issue for further consideration.

Act on a concern as early as possible, whether or not there is an immediate risk to patients. Poor practice can be identified & tackled before there is a serious risk to patient safety. If in doubt always raise a concern.

If you are unsure about raising a concern, consider what might happen if you do nothing. Will you be able to justify your decision not to act? Failing to raise a concern could put your registration at risk.

All members of the dental team should be encouraged to raise concerns about the safety of patients & the risk that may be posed by colleagues & know that they will be supported.

## Practice Reporting Policy - Best Practice

Every practice should have a simple policy for reporting performance concerns that identifies the key principles & contacts. The principles & policy should be included as part of the induction programme for new team members.

Everyone in the practice should be familiar with the policy & understand what it means for them, so make

time to discuss the principles behind the policy & how concerns will be dealt with. Practice meetings can provide the ideal opportunity for discussions to

- Identify potential risks
- Discuss the value of an open & accountable workplace
- Make everyone confident to raise a concern about patient safety or other risks
- Commit to dealing with concerns fairly & professionally & protecting those who raise a genuine concern
- Understand the importance of external advice or support when the usual channels of communication in the team do not work for whatever reason.

## Practice Reporting Policy - Reporting Concerns, Advice & Support

Raising a concern is not about disciplining underperformance. The process should be about preventing harm to patients & getting assistance for your colleague so that they can rectify the situation & improve their performance.

In the first instance concerns should be raised with the employer or practice owner, the primary care organisation (the Primary Care Trust or Local Health Board) or a local Practitioner Advice & Support Scheme (PASS). The General Dental Council is not usually the first point of contact unless the individual raising a concern:

- Reasonably believed that they would be victimised if they raised the matter with the employer or employing authority

- Reasonably believed that a cover-up was likely

- Had already raised the matter internally.

Where a concern about a colleague is raised by a member of the practice team, ensure that the concerns are written down & there is evidence of a risk to patient safety. Inform the individual concerned as soon as possible. If the individual acknowledges the problem, a discussion to agree a way forward may be all that is needed to improve performance or conduct. Confirm in writing whatever is agreed & keep notes of all discussions & meetings. If this informal approach is not successful, a more formal approach may be required & a number of organisations can provide advice & support.

### Contact Information:

Practice Safeguarding Lead for Children & Vulnerable Adults: **Dr Antimos Ouzounoglou**
Practice Safeguarding Deputy Lead: **Practice Manager**

If it is not appropriate to raise your concern with your employer or manager or if they fail to act on your concern, you must raise your concerns with your local commissioner of heath or with the appropriate body. In England this is the CQC.

## Safeguarding Further Contact Information

If you know someone who you think is at risk or has been abused or you are the victim, then it is important to get help.

## SAFEGUARDING LOCAL SUPPORT SERVICES:

### Child & Young Person Services for Referrals, Assessment, Advice & Information

Twickenham Local Government Services

Tel: **020 8891 1411**
Address: Richmond.gov.uk
Civic Centre
44 York Street
Twickenham
TW1 3BZ

**or**

London Borough of Richmond Upon Thames Support Services

Tel: **020 8547 5008** from 8am-6pm Mon-Fri
Out of Hours: **020 8770 5000**

Safeguarding Children Website Address(s): (search safeguarding)

www.richmond.gov.uk
www.merton.gov.uk

### Adults Services for Referrals, Assessment, Advice & Information

City of London Government Services

Tel: **020 7332 1224** - 9am - 5pm - Mon-Fri
Out of Hours: **0208 356 2300** incl weekends & bank holidays
Email: Adult Duty Team

### Non Emergency Local Police Telephone

Twickenham Police Station does not have a direct number. In case of emergency call 999.
Call 101 for everything else.

## Protection When Raising a Concern

The Public Interest Disclosure Act 1998 (PIDA) & the Public Interest Disclosure Order in Northern Ireland gives protection to employees who raise genuine concerns about potentially illegal or dangerous practices in the workplace.

PIDA applies to all employed & self-employed dental professionals working within the NHS or private sector.

A disclosure will be protected under PIDA if it relates to crime, someone breaking a legal obligation, a miscarriage of justice, a danger to health & safety or the environment, or a cover-up.

The disclosure must also be made in good faith & the reporter must believe that the information is true & is not raising a concern for personal gain.

A reporter who is victimised can use PIDA to bring a claim for compensation to an Employment Tribunal. Awards are uncapped & based on the losses suffered.

## Primary Care Organisations

As part of their Performers List management procedures & clinical governance requirements, PCTs in England & LHBs in Wales have responsibility for dealing with underperformance in health professionals & should have local policies in place for dealing with poor performance.

Initial contact can be made with the local general dental practice adviser, performance manager or clinical governance lead.

The LDC Secretary can also have a role in advising on performance concerns.

## Practitioner Advice & Support Schemes

Practitioner Advice & Support Schemes (PASS) have been set up in some areas, usually under the auspices of the PCO & LDC. The aim of a PASS is to provide skilled support & guidance to help dentists improve their performance.

A referral can come directly from the dentist, a colleague, a dental practice adviser, a friend or another authority if it has received a complaint.

A local investigation is undertaken by members of the PASS to identify the possible causes of underperformance. The investigation may include discussions with the dentist, practice visits & observing how the dentist works with others at the practice. The local PASS will identify where the difficulties can be resolved with additional training & local support. Depending on individual circumstances, the local PASS may seek advice from the National Clinical Assessment Service (NCAS).

Where appropriate, it will refer the practitioner to other organisations, which may include NCAS.

## Review

This policy & the policies referred to within it, will be reviewed at regular intervals to ensure its currency & amended as required by changes within the practice & legal & professional requirements

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