

**Statement of Purpose**  
**Plumstead Dental Surgery Limited**

<b>Statement of purpose</b> Health and Social Care Act 2008			
<b>Version</b>	6.1 (31.10.2016)	<b>Date of next review</b>	01.11.2017

<b>Service provider</b> <i>Full name, business address, telephone number and email address of the registered provider:</i>	
<b>Name</b>	Plumstead Dental Surgery Limited
<b>Address line 1</b>	PDS Group
<b>Address line 2</b>	6 King Street
<b>Town/city</b>	Frome
<b>County</b>	Somerset
<b>Post code</b>	BA11 1BH
<b>Email</b>	admin@pds-health.co.uk
<b>Main telephone</b>	02034328624
<b>ID numbers</b> <i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>	
<b>Service provider ID</b>	1-209925588
<b>Registered manager ID</b>	CON1-1066152085

<p><b>Aims and objectives</b>  <b><i>What do you wish to achieve by providing regulated activities?</i></b>  <b><i>How will your service help the people who use your services?</i></b>  <b><i>Please use the numbered bullet points:</i></b></p>	
1.	The provider aims to deliver a high standard of dental treatment in a caring, safe and thoughtful environment.
2.	It is our aim to always provide dental treatment in line with current theory and practice, choosing a minimally invasive approach.
3.	Patient access, satisfaction and safety are our primary concerns and we are also committed to the safety, equal opportunity and personal development of the dental team.
4.	The service we provide will lead to improved dental health and dental aesthetics for our patients.
5.	The service we provide will increase the awareness of prevention and positive health choices.
6.	The provider aims to raise awareness of dental hygiene and increase access to dental services in the local community with a particular emphasis on vulnerable individuals.
7.	We wish to bring attention to the impact of smoking on dental hygiene.

<p><b>Legal status</b>  <i>Tick the relevant box and provide the information requested for the type of provider you are:</i>          Use <input checked="" type="checkbox"/></p>	
<b>Individual</b>	<input type="checkbox"/>
<b>Partnership</b>	<input type="checkbox"/>
<b>List the names of all partners</b>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>
<b>Limited liability partnership registered as an organisation</b>	<input type="checkbox"/>
<b>Incorporated organisation</b>	<input checked="" type="checkbox"/>

<b>Company number if incorporated</b>	05370469
<b>Group structure (if applicable)</b>	The company has a wholly owned subsidiary, PDS Herbert Road Limited, which holds the leasehold title to the premises from which the practice operates.

Please repeat the following table for each of your regulated activities<sup>1</sup>

<b>Regulated activity 1</b> <i>As shown on your certificate of registration</i>	Diagnostic and screening procedures
<b>Services</b> <i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i>	Dental treatment: Examinations Supervision X-rays A walk-in phlebotomy service for children and adults from and over 16 years of age
<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	Surgical procedures

<p><b>Services</b></p> <p><i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i></p>	<p>Dental treatment:</p> <p>Extractions</p> <p>Minor oral surgery</p> <p>Apisectomies</p>
<p><b>Regulated activity 3</b></p> <p><i>As shown on your certificate of registration</i></p>	<p>Treatment of disease, disorder or injury</p>
<p><b>Services</b></p> <p><i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i></p>	<p>Dental treatment:</p> <p>Trauma</p> <p>Restorative treatment including fillings, crowns, bridges, root canal treatment and cosmetic dentistry</p> <p>Endodontic treatment</p> <p>Periodontal treatment</p> <p>Prevention services including oral hygiene instruction, scaling and polishing, fissure sealants</p> <p>Removable prosthetics including partial and full dentures</p>
<p><b>Locations</b></p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>Plumstead Dental Surgery</p>
<p><b>Address line 1</b></p>	<p>8-14 Herbert Road</p>
<p><b>Address line 2</b></p>	<p>Plumstead</p>
<p><b>Address line 3</b></p>	<p>London</p>
<p><b>Address line 4</b></p>	<p>SE18 3SH</p>
<p><b>Address line 5</b></p>	

<p><b>Brief description of location<sup>2</sup></b></p>	<p>Purpose furnished dental surgery at street level in 2 double lock-up units</p>
<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></p> <p><i>Full name, business address, telephone number and email address of each registered manager.</i></p> <p><i>For each registered manager, state which regulated activities and locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<p><b>Registered manager 1</b></p>
	<p><b>Full name:</b> Simon Hall</p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>
	<p>Business address: PDS Group 6 King Street Frome Somerset BA11 1BH</p>
	<p>Telephone: 02034328624</p>
	<p>Email: admin@pds-health.co.uk</p>
	<p><b>Locations:</b></p> <p>Plumstead Dental Surgery</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Diagnostic and screening procedures</p>
	<p>2. Surgical procedures</p>
<p>3. Treatment of disease, disorder or injury</p>	
<p><b>Registered manager 2:</b></p>	
<p><b>Full name:</b> Not applicable</p>	

	<b>Proportion of time spent at each location:</b>	
	<b>Contact details:</b>	
	Business address:	
	Telephone:	
	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
4.		
<b>Service user band(s) at this location<sup>5</sup></b> Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	✓
	Older people	✓
	Younger adults	✓
	Children 0-3 years	✓
	Children 4-12 years	✓
	Children 13-18 years	✓
	Mental health	✓
	Physical disability	✓
	Sensory impairment	✓
	Dementia	✓

	People detained under the Mental Health Act	✓
	People who misuse drugs and alcohol	✓
	People with an eating disorder	✓
	Whole population	✓
	None of the above Please give details:	<input type="checkbox"/>