



Statement of Purpose
Bath Dental Surgery Limited
t/as Manor Dental Practice

Statement of purpose Health and Social Care Act 2008			
Version	3.1 (12.09.17)	Date of next review	12.09.17

Service provider <i>Full name, business address, telephone number and email address of the registered provider:</i>	
Name	Bath Dental Surgery Limited t/as Manor Dental Practice
Address line 1	1 Manor Road
Address line 2	Weston
Town/city	Bath
County	Somerset
Post code	BA1 4BW
Email	admin@pds-health.co.uk
Main telephone	01225 482484
ID numbers <i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>	
Service provider ID	1-2083241149
Registered manager ID	1-1066152085



Aims and objectives

What do you wish to achieve by providing regulated activities?

How will your service help the people who use your services?

Please use the numbered bullet points:

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.

Legal status

Tick the relevant box and provide the information requested for the type of provider you are:

Use

Individual	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
List the names of all partners	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.
Limited liability partnership registered as an organisation	<input type="checkbox"/>



Incorporated organisation	✓
Company number if incorporated	09012726
Group structure (if applicable)	The company is a wholly owned subsidiary of PDS Health Limited. The company holds the freehold title to the premises from which the practice operates.

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	Diagnostic and screening procedures
Services <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
Regulated activity 2 <i>As shown on your certificate of registration</i>	Surgical procedures



<p>Services</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>Regulated activity 3</p> <p><i>As shown on your certificate of registration</i></p>	<p>Treatment of disease, disorder or injury</p>
<p>Services</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>Locations</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>Location 1:</p>	
<p>Name of location</p>	<p>Manor Dental Practice</p>
<p>Address line 1</p>	<p>1 Manor Road</p>
<p>Address line 2</p>	<p>Weston</p>
<p>Address line 3</p>	<p>Bath</p>
<p>Address line 4</p>	<p>Somerset</p>
<p>Address line 5</p>	<p>BA1 4BW</p>



<p>Brief description of location²</p>	<p>Converted end of terrace house. Reception, waiting room and toilet facilities on the ground floor with treatment room and decontamination room and on the first floor there are two further treatment rooms, a kitchen area and a staff area</p>
<p>Name and contact details of registered manager(s) (if applicable)⁴</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>Registered manager 1</p>
	<p>Full name: Simon Barrie Hall</p>
	<p>Proportion of working time spent at each location (for job share posts only):</p>
	<p>Contact details:</p>
	<p>Business Address: 1 Manor Road Weston Bath BA1 4BW</p>
	<p>Office Address: PDS Group Unit 1 6 King Street Frome BA11 1BH</p>
	<p>Telephone: 02034328624</p>
	<p>Email: admin@pds-health.co.uk</p>
	<p>Locations:</p> <p>Manor Dental Practice</p>
	<p>Regulated activities:</p>
<p>1. Diagnostic and screening procedures</p>	
<p>2. Surgical procedures</p>	



	3. Treatment of disease, disorder or injury	
	Registered manager 2:	
	Full name: Not applicable	
	Proportion of time spent at each location:	
	Contact details:	
	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
4.		
Service user band(s) at this location⁵ <i>Use <input checked="" type="checkbox"/></i>	Learning disabilities or autistic spectrum disorder	✓
	Older people	✓
	Younger adults	✓
	Children 0-3 years	✓
	Children 4-12 years	✓
	Children 13-18 years	✓



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