HEE NW Dental Foundation Training  
  
  
  
Practice Quality Assurance and Compliance  
  
  
Annual Self Audit Assessment  
  
DFT ES Applicants (and Existing ESs) Cohort 2023 to 2024

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| Practice Details |

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| **Practice Details:** |  |
| Practice/Clinic name: |  |
| Address: |  |
|  |  |
|  |  |
| Telephone number: |  |
| E-mail address: |  |
| Practice NHS.net e-mail address: |  |
| Website address: |  |
| Educational Supervisor(s) name |  |
| Educational Supervisor(s) phone number |  |
| Educational Supervisor(s) email address (nhs.net) |  |
| Clinical Supervisor in case of ES absence (with 3 years post graduate experience and valid NHS Performer number) |  |
| Practice Lead contact for trainee if different from above (Practice Manager or Principal) |  |
| Staff Members available for the duration of the visit |  |
| Please can you provide some instruction or advice about where to park. This will help the HEE staff who will be visiting your practice. |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surgery Hours:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | | **Friday** | **Saturday** | | **Sunday** |
| AM |  |  |  |  | |  |  | |  |
| PM |  |  |  |  | |  |  | |  |
| EVENING |  |  |  |  | |  |  | |  |
| **Practice Layout** | | | | | | | | | |
| **ROOMS** | **Surgeries** | **Decontamination Room** | | **Waiting Room** | **Toilet (s)** | | | **OTHER** |  |
| State number | Choose an item. | Choose an item. | | Choose an item. | Choose an item. | | | Choose an item. | Choose an item. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please let us know the sessions you work clinically in practice:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate when another dentist normally works clinically in practice:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Please state the name of the second dentist who will be able to support the Foundation Dentist in your absence:** |  |

|  |  |
| --- | --- |
| **If you are absent because you do not work certain days, annual leave or sickness, please can you explain how the Foundation Dentist will be supported?** |  |

**Date of completion of form:**  Click or tap to enter a date.

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| --- | --- | --- |
| **Practice Facilities** | **YES** | **NO** |
| Is there access for wheelchairs into the premises? |  |  |
| Are names of dentists and surgery hours clear and appropriate and up to date? |  |  |
| Is emergency/out-of-hours availability visible from outside? |  |  |
| Is there a suitable answer phone message detailing emergency/out-of-hours service? |  |  |
| Is decoration and maintenance acceptable? |  |  |
| Is the area clean and tidy, free from identifiable hazards? |  |  |
| Is NHS patient charge poster on display? |  |  |
| Is GDC 9 standards and private fees on display? |  |  |
| Is a suitable practice complaints policy notice on display (including both NHS and private)? |  |  |
| Is the Patient Information Leaflet available (as a hard copy or electronic) and does it conform to the regulations in Schedule 4 of the GDS Regulations 2005? |  |  |
| Type of record storage:  Lockable cupboard / filing cabinets / locked room / computerised | Paper Based  Partially computerised  Fully  computerised | Comment |
| Is the security of record storage adequate?  Confidentiality / access and fire/ water damage  For computerised records and patient data, is there an adequate (off site) back up facility? |  |  |
| Are there enough toilets? (A second toilet is required if there is the equivalent of 5 or more full-time staff).  Are they clean and accessible to patients and staff? |  |  |
| Are any hazardous materials within reach of the public?  (All hazardous material should be stored in an area not accessible to the public) |  |  |
| Adequately equipped – including lidded-bin, liquid soap, paper towels or dryer, hot and cold water? |  |  |
| Are toilet doors equipped with locks capable of external operation in an emergency? |  |  |
| Are welfare arrangements for staff adequate/ suitable?  (storage of personal clothing/ items) |  |  |
| CCTV monitoring of communal areas  Appropriate signs/ warnings and policy regarding security of recordings displayed |  |  |
| **Infection Control** |  |  |
| **Does the infection control policy also include or accompany the following policies?** | | |
| Is there an infection control policy which includes a named lead staff member for infection control? |  |  |
| Hand hygiene |  |  |
| Inoculation / sharps injury, including post-exposure protocol |  |  |
| Manual cleaning of instruments |  |  |
| Moving instruments to and from, from separate decontamination areas: |  |  |
| Personal protective equipment (PPE) |  |  |
| Decontamination of re-usable instruments protocol (including transportation and storage) |  |  |
| Processing of lab. work/ dentures |  |  |
| Procurement of re-usable and single use items |  |  |
| Waste disposal policy |  |  |
| Has the practice completed and updated 6 monthly self-assessment audit (IPS) for assessing implementation of HTM01-05? |  |  |
| Is there a magnifying lamp to inspect the instruments?  N/A: ☐ |  |  |
| Are heavy duty gloves and disposable aprons available for use when manually cleaning instruments?  N/A: ☐ |  |  |
| Are sterilised instruments packaged, dated and stored in accordance with current guidelines in HTM 01-05? N/A: ☐ |  |  |
| Are Transport Boxes used between surgeries and decontamination room of good quality, lidded, leak proof, washable & labelled? (If applicable)  N/A: ☐ |  |  |
| Are PPE items available to all clinical staff? |  |  |
| Gloves |  |  |
| Eye protection |  |  |
| Masks Type IIR |  |  |
| Aprons |  |  |
| Gowns |  |  |
| Respirator |  |  |
| Is eye protection for patients available? |  |  |
| Are there disinfection facilities for impressions and evidence of change of chemical as recommended by the manufacturer? |  |  |
| Are there daily check lists for start & end of session duties? (one per surgery) |  |  |
| Decontamination equipment test logs  Autoclave  Ultrasonic bath  N/A  Washer disinfector  N/A  DACs Machine  N/A |  |  |
| Pressure Vessel Maintenance and Safety Certificates |  |  |
| Ultrasonic bath Maintenance and Safety Certificates |  |  |
| Washer disinfector Maintenance and Safety Certificates |  |  |
| **Is there a cleaning schedule which specifies -** | | |
| Areas to be cleaned? |  |  |
| Frequency of cleaning? |  |  |
| Materials and appropriately colour-coded equipment to be used? |  |  |
| Person(s) responsible for this cleaning and having signed worksheets? |  |  |
| Is there a published and updated Health & Safety Policy or Statement which has been signed and dated? |  |  |
| Is there a Health & Safety poster on display? |  |  |
| Is there a Disability policy (compliant with Equality Act 2010)? |  |  |
| **Have risk assessments been undertaken, including:** | | |
| Health & Safety? |  |  |
| Legionella (by a competent person)? |  |  |
| Re-sheathing of needles? |  |  |
| Fire? |  |  |
| Display screen risk assessment? |  |  |
| Fire Safety | Extinguishers  Water / Powder  Carbon dioxide (CO2) | Number |
| Fire extinguishers checked /maintained regularly or within expiry date? |  |  |
| Smoke alarms or other fire detection system/s? |  |  |
| Are fire exits clearly marked with correct signs? |  |  |
| Are fire drills being carried out and recorded at least twice yearly? |  |  |
| Has an inspection been carried out of all portable electrical appliances?  (P.A.T. testing - required as your risk assessment identifies, but recommended yearly) |  |  |
| Is there an Electrical safety certificate for fixed wiring circuits and fuses (recommended every 5 years)? |  |  |
| Are the Control of Substances Hazardous to Health (COSHH) assessments for materials used in the practice available? |  |  |
| Does the practice have a policy on latex allergy? |  |  |
| **Waste management** | | |
| Is there a contract for the disposal of clinical and hazardous waste? |  |  |
| Are consignment notes available and kept for three years? |  |  |
| Is there evidence the practice is segregating waste in accordance with HTM01-05 guidance? |  |  |
| Are sharps disposed of in rigid containers with yellow lids (EWC code 18 01 03 & 18 01 09) labelled with date and located appropriately? |  |  |
| Are bins foot operated or sensor controlled, lidded and in good working order? |  |  |
| Are orange bags used for the disposal of soft clinical waste? |  |  |
| Is waste awaiting collection stored in a safe and secure location, away from the public within the practice premises? |  |  |
| Is there appropriate disposal of waste amalgam, amalgam- capsules, waste from amalgam separation units, amalgam filled teeth? |  |  |
| Is there proper storage and disposal of amalgam waste and gypsum? |  |  |
| Are amalgam filled extracted teeth disposed of in rigid white containers? |  |  |
| Is an amalgam separator fitted to any waste line which amalgam waste may be discharged into e.g. from spittoons or suction, prior to discharge to the sewer? |  |  |
| Are single-use amalgam capsules used? |  |  |
| Are the DUWLs treated in accordance with the manufacturers’ instructions? |  |  |
| Are DUWLs flushed for two minutes at the beginning and end of each day and for 20-30 seconds between each patient? |  |  |
| **IG and Data Protection** | | |
| Is the practice registered under the Data Protection Act? |  |  |
| Does the practice have a publication scheme which complies with the Freedom of Information Act? |  |  |
| Has the practice implemented Information Governance policies, procedures, processes, controls, management accountability and staff training to provide a robust governance framework for information management? (This would include IG management, staff-signed Confidentiality Policy, Data Protection and Information Security Assurance.) |  |  |
| Is there a practice policy on child protection and vulnerable adults? |  |  |
| Does the practice have a customized safeguarding flowchart of “What to do” with local contacts of designated nurses and doctors, police, children’s social care – including the out-of-hours number, and other relevant numbers? |  |  |
| **Are there staff training records for:** | | |
| Medical emergencies (within last year – 2 hours per year) |  |  |
| Infection control (staff with infection control responsibilities -5hrs/5yr cycle |  |  |
| Child Protection and Safeguarding Children and Vulnerable Adults every 3 years |  |  |
| Have the Educational Supervisors completed equality and diversity training within the last 3 years? |  |  |
| IR(ME)R (for dentists and operators: - 5 hours within last 5 years, unless graduated in last 5 years- (will count towards radiation protection) |  |  |
| Does the practice have policies for-   * Disciplinary and Dismissal and Grievance Procedures? |  |  |
| * Whistleblowing Procedures? |  |  |
| Practice Meeting minutes |  |  |
| Induction programme for new staff |  |  |
| Staff appraisals, CPD Logs and PDPs |  |  |
| DBS checks for all staff |  |  |
| Have all relevant staff received the recommended immunisations in line with <http://www.dhsspsni.gov.uk/healthcare-workers-guidance.doc>? |  |  |
| Is there a written log for confirmation of Hepatitis B vaccinations for staff? |  |  |
| Is there an Accident Reporting Book, which is compliant with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (e.g. [www.hse.gov.uk/riddor/index.htm](http://www.hse.gov.uk/riddor/index.htm) ) and data protection? |  |  |
| Is there a process for significant event analysis? |  |  |
| Does the practice have a business continuity plan? |  |  |
| Are drugs (antibiotics) kept securely in a locked cupboard? |  |  |
| Are prescription pads, when not in use, kept securely? |  |  |
| Do you store, administer or prescribe controlled drugs in your practice other than Midazolam for emergency use? |  |  |
| Do you have standard operating procedures for each type of controlled drug including Midazolam for emergency use? |  |  |
| Is there a Complaints Records file/folder? |  |  |
| Is there a nominated person for dealing with complaints? |  |  |
| Is there a patient referral policy and protocol? |  |  |
| Appointed persons for First Aid? |  |  |
| **Radiology** |  |  |
| Is there a Radiation Protection File available? |  |  |
| Have you registered with HSE as per IRR17 Regulations?  Date of Registration: |  |  |
| Has a risk assessment for Ionizing Radiation been carried out? |  |  |
| Does it include contingency plans for any foreseeable radiation accidents? |  |  |
| Have steps been taken to measure or estimate staff /employee’s exposure to ionizing radiation and appropriate action taken? |  |  |
| Is there an image quality/audit including action taken regarding unacceptable radiographs? |  |  |
| Has an adequate controlled area been defined? |  |  |
| Is there a wall or ceiling mounted x-ray set in the trainee surgery capable of being isolated from outside the controlled area? |  |  |
| Is the x-ray isolation switch appropriately labelled? |  |  |
| Are Local Rules available? |  |  |
| Are the radiographs justified and interpreted? |  |  |
| Is an x-ray viewer available in each surgery? (Not applicable if Digital X-Rays) N/A: ☐ |  |  |

**I** Click or tap here to enter text. **declare that the information submitted on this self-assessment audit form is correct and that by providing a false declaration may lead to being removed from the Dental Educational Supervisor application process.**

**Date:**  Click or tap to enter a date.