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 |  |  |  |  |  |  |  |

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| --- | --- |
| **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 damageFor 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 areasAppropriate 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 logsAutoclave Ultrasonic bath [ ]  N/AWasher disinfector [ ]  N/ADACs 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 | ExtinguishersWater / PowderCarbon 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.