**Dental Clinical Audit**

**8. Clinical Governance in**

**Primary Dental Care**

*(only one dentist per practice to complete this audit per year)*

**Audit start date:**      

**Completion date:**      

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| Dental Clinical Audit report (tick) check list:All sections need to be completed: | |
| **1. Completed data capture sheets** |  |
| **2. Completed audit cycle results** |  |
| **3.** **Aims & Objectives** |  |
| **Action plan and changes made after audit cycle:**  Actions required and actions completed - **Redto Amber** |  |
| Actions required and actions completed **- Amber to Green** |  |
| Actions required and action completed **- Red to Green** |  |
| **Feedback**  **(how useful you found the audit)** |  |
| **4.** Declaration –**Sign and date (for practice/performer use)** |  |

***8. Clinical Governance in Primary Care Dental Practice***

**CLINICAL AUDIT FOR DENTAL PRACTITIONERS**

**8. Clinical Governance in Primary Dental Care**

**Aims and objectives**

* **To enable dental performers to understand their clinical governance obligations**
* **To help dental performers to evaluate their current compliance with their clinical governance obligations**
* **To decide on an action plan and make any necessary changes**
* **To review the changes made**

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**The 12 themes of Clinical Governance**

* **Infection control**
* **Safeguarding children and adults**
* **Dental radiography**
* **Staff, patient, public & environmental safety**
* **Evidence based practice and research**
* **Prevention and public health**
* **Clinical records**
* **General staff involvement**
* **Clinical staff requirements**
* **Patient information and involvement**
* **Fair and accessible care**
* **Clinical audit and peer review**

**8. Clinical Governance in Primary Dental Care**

**Method:**

Consider the statements on The Primary care dental services clinical governance audit and record your findings

***Green; Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

***If the answer is non applicable mark as green fully compliant***

Use the results sheet to record your findings. There are some areas of the audit that may not be familiar to most General Dental Practitioners and the audit is designed to help you identify those areas and formulate an action plan. Bear in mind that meeting the core standards will not be an option in future for commissioned primary care. You should then review those areas that you have identified as requiring action in two months and report on any changes made.

Since this audit was first produced the Care Quality Commission has been introduced with an overarching remit to ensure essential standards of quality and safety apply across the care sector. All providers of dental services should already be registered with the CQC and this audit, although not exhaustive in satisfying the CQC requirements, will help to highlight the many areas of practice involved.

***References:***

*BDA (*[*www.bda.org*](http://www.bda.org)*)*

*DH Primary Care Contracting Website (* [*www.primarycarecontracting.nhs.uk*](http://www.primarycarecontracting.nhs.uk)*)*

***CAP Ref:***

**South West Clinical Audit and Peer Review Assessment Panel**

***Clinical Governance Audit***

***Data sheet***

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Infection Control** | ***Green*** | ***Amber*** | ***Red*** |
| HTM 01 05 “Essential Quality” has been achieved including an Action Plan to achieve “Best Quality” |  |  |  |
| HTM 01 05 “ Best Quality” has been achieved including the use of a validated washer/disinfector; a separate room for decontamination and safe storage and dating of sterilised instruments |  |  |  |
| An Infection Control policy is in place, reviewed regularly and available for external inspection |  |  |  |
| A Staff Induction Programme to include infection control procedures is in place and on going staff training in infection control is carried out. Training and completency records are available |  |  |  |
| An Inoculation Injury policy and recording of appropriate immunisation status of all exposure prone staff is available |  |  |  |
| Cross Infection Control policy compliance is audited on a regular basis |  |  |  |

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| 1. **Safeguarding children and Adults** | ***Green*** | ***Amber*** | ***Red*** |
| Identification and CRB checks for all appropriate staff are in place and documented |  |  |  |
| Safeguarding Children and Vunerable Adults policies and procedures are available which are consistent with local and wider policies including any staff training |  |  |  |
| All staff have attended child and adult protection training commensurate with their role. Staff have received training with regard to Mental Capicity Act |  |  |  |
| All staff are aware of and act in accordance to child and adult protection policies and procedures |  |  |  |
| All staff know where to seek advice and support if they have a concern |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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| --- | --- | --- | --- |
| 1. **Dental Radiography** | ***Green*** | ***Amber*** | ***Red*** |
| Written Procedures and policies are in place in accordance with the IRR (1999) and IR(ME)R (2000) and available for external inspection |  |  |  |
| Have you informed HSE that radiation equipment is being used and a copy of receipt of this notification is available? |  |  |  |
| Has a RPS and RPA been appointed and details recorded in Radiation Protection File? |  |  |  |
| Has the RPA carried out a risk assessment? |  |  |  |
| Has a controlled area been designated for each piece of equipment? |  |  |  |
| Are there local rules available for each piece of equipment? |  |  |  |
| A quality assurance system is in place with evidence of quality control audits in the last 12 months for each radiographic operator |  |  |  |
| An X-ray malfunction contingency plan, including how to manage an unintended over-exposure is available |  |  |  |
| Records of staff training and updates are available |  |  |  |
| X-ray equipment maintenance and service records are up to date and available |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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| 1. **Staff, Patient, Public and Environmental Safety** | ***Green*** | ***Amber*** | ***Red*** |
| Significant events analysis procedures are undertaken and changes to procedures are initiated as a result. Results are conveyed to appropriate member of Area Team |  |  |  |
| Compliance with Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR) 1995 can be demonstrated |  |  |  |
| Procedures to ensure all relevant safety alert bulletins are disseminated to staff and acted on |  |  |  |
| All medical devices are CE compliant, staff training for usage provided and incident reporting carried out |  |  |  |
| Medicines are appropriately sources, purchased and stored including a medical emergencies drug kit |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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| 1. **Evidenced-Based Practice and Research** | ***Green*** | ***Amber*** | ***Red*** |
| Relevant NICE Guidelines are followed and evidence is available to support this |  |  |  |
| Clinical care is informed by evidence-based guidelines |  |  |  |
| Existing care pathways and referral protocols are followed |  |  |  |
| Where appropriate, principles of research governance are applied |  |  |  |

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| 1. **Prevention and Public Health** | ***Green*** | ***Amber*** | ***Red*** |
| An evidence-based prevention policy for all oral diseases and conditions appropriate to the needs of the local population and consistent with local and national priorities. |  |  |  |
| Policy should include: Links to any existing community based strategies |  |  |  |
| Tobacco use is recorded and advice given |  |  |  |
| Alcohol consumption is recorded and advice given |  |  |  |

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| 1. **Clinical records, patient privacy and confidentiality** | ***Green*** | ***Amber*** | ***Red*** |
| Staff are aware of and comply with Data Protection Act 1998 and there is a Data Protection Policy available |  |  |  |
| Confirmation to manage the security and confidentiality of service user and staff information in supporting NHS Information Governance requirements, including compliance with the NHS Code of Practice on Confidentiality, Protecting and Using Patient Information (A Manual for Caldicott Guardians). |  |  |  |
| A Confidentiality policy is available and satisfactory arrangements for confidential discussions with patients are in place |  |  |  |
| All staff have received training in confidentiality and are aware of their responsibilities in this area. Assessment against the NHS Information Governance Toolkit; - |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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| 1. **Staff Involvement and Development (for all staff)** | ***Green*** | ***Amber*** | ***Red*** |
| Employer policies:  Appropriate job descriptions for all posts are available and contracts of employment are in place for all staff as per Employment Regulations |  |  |  |
| Appraisal and personal development plans are applied to all staff including performers |  |  |  |
| Appropriate staff training is undertaken and records of staff training maintained |  |  |  |
| Records of practice meetings and evidence of staff involvement are available |  |  |  |
| There is a protected time for staff meetings and clinical governance |  |  |  |
| A confidential process for staff to raise concerns about performance exists |  |  |  |
| Links to a local Practitioner Advice and Support Scheme (PASS) or similar are available |  |  |  |
| Evidence of regular basic life support training is available |  |  |  |
| Evidence that staff opinion is sought about practice matters (e.g. staff surveys, practice meetings) |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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| 1. **Clinical Staff Requirements and Development** | ***Green*** | ***Amber*** | ***Red*** |
| All GDC requirements are met including: |  | | |
| GDC registration of all dentists, hygienists , therapists and dental nurses is checked and documented annually |  |  |  |
| All non registered dental nurses are in training and registered with an accredited training organization |  |  |  |
| Continuing professional development requirements are met |  |  |  |
| Dealing with poor performance (including “whistle blowing” policy) |  |  |  |

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| **10. Patient Information and Involvement** | ***Green*** | ***Amber*** | ***Red*** |
| Patient’s and carer’s views on services are sought and acted upon. Family and friends test is applied as appropriate |  |  |  |
| Patients have opportunities to ask questions and are provided with sufficient information to make informed decisions about their care |  |  |  |
| Patient information leaflets are available in languages and formats appropriate to the local population. |  |  |  |
| A well-publicized complaints system that is supportive of patients is in operation |  |  |  |
| Other patient feedback methods are available (e.g. surveys or suggestion boxes) |  |  |  |
| Evidence that practice has acted on findings of patient feedback is available |  |  |  |
| Information for patients on how to access NHS care in and out of hours is available |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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| 1. **Fair and accessible care** | ***Green*** | ***Amber*** | ***Red*** |
| Compliance with the Equality Act 2010 is demonstrated |  |  |  |
| There is access to interpreting services |  |  |  |
| All reasonable efforts have been made to comply with the Disability Discrimination Act 1995 and a DDA audit has been performed |  |  |  |
| Emergency/urgent appointments are available during the day |  |  |  |

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| **12. Clinical Audit and Peer Review** | ***Green*** | ***Amber*** | ***Red*** |
| All staff are involved in identifying priorities for, and are involved in clinical audit or peer review |  |  |  |
| Evidence of compliance with any locally agreed requirements for clinical audit or peer review is available |  |  |  |
| Evidence that changes have been made where necessary, as a result of clinical audit or peer review is available |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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|  | **HEALTH AND SAFETY AT WORK STATEMENT**  **Management of health and safety** | ***Green*** | ***Amber*** | ***Red*** |
| 1 | Is the health and safety poster on display or a leaflet provided? |  |  |  |
| 2 | Is the Certificate of Employers’ Liability Insurance displayed? |  |  |  |
| 3 | Is there a safety policy for the practice? Has it been signed by employer? |  |  |  |
| 4 | Has the safety policy been made available to all staff? |  |  |  |
| 5 | Are the contact details of the local HSE available? |  |  |  |
| 6 | Are report forms F2508 accessible? |  |  |  |
| 7 | Is there an accident book in the practice? |  |  |  |
| 8 | Are the MHRA contact details available to report adverse incidents? |  |  |  |
|  | **Display screen equipment** |  | | |
| 1 | Have users been identified? |  |  |  |
| 2 | Have they received the appropriate information, instruction and training? |  |  |  |
| 3 | Has a risk assessment been carried out on each user and their workstation? |  |  |  |
| 4 | Have the assessments been documented? |  |  |  |
| 5 | Have users been given eyesight tests when requested? |  |  |  |
| 6 | Has eyewear been provided if required? |  |  |  |
| 7 | Has work been planned to allow for breaks or changes of activity? |  |  |  |
|  | **Electricity** |  | | |
| 1 | Is all portable electrical equipment regularly visually inspected? |  |  |  |
| 2 | Are there records of these visual checks? |  |  |  |
| 3 | Is electrical equipment periodically checked by a competent person? |  |  |  |
| 4 | Are records kept of these inspections? |  |  |  |
| 5 | Have staff been trained in the safe use of electrical equipment? |  |  |  |
|  | **Fire Precautions** |  | | |
| 1 | Is a fire certificate required? |  |  |  |
| 2 | Has a fire risk assessment been carried out and shown to staff? |  |  |  |
| 3 | Are fire detection measures in place? |  |  |  |
| 4 | Is adequate fire fighting equipment available and regularly checked and maintained? |  |  |  |
| 5 | Are all staff trained to use fire fighting equipment and know what to do in the event of a fire? Has evacuation procedure been practiced? |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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|  | **First-aid / medical emergencies** | ***Green*** | ***Amber*** | ***Red*** |
| 1 | Is there a trained first-aider or appointed person in the practice at all times? |  |  |  |
| 2 | Does everyone know where the first-aid box is kept? Is it fully stocked? |  |  |  |
| 3 | Are all members of the dental team trained in CPR including the use of an AED ? |  |  |  |
| 4 | Has training been undertaken in the last 12 months? |  |  |  |
| 5 | Is the appropriate emergency equipment available as recommended by the Rescusitation Council guidelines for Dental Practices? |  |  |  |
| 6 | Are emergency drugs and a portable supply of oxygen readily available? |  |  |  |
|  | **Manual handling** |  | | |
| 1 | Has a manual handling assessment been carried out? |  |  |  |
| 2 | Are staff trained in good handling techniques? |  |  |  |
| 3 | Where risks have been identified, have control measures been introduced? |  |  |  |
|  | **Medicine storage** |  | | |
| 1 | Are medicines stored according to manufacturer’s instructions? |  |  |  |
| 2 | Are medicines kept in a locked cupboard with restricted access? |  |  |  |
| 3 | Are stocks regularly checked and out dated stock correctly disposed of? |  |  |  |
| 4 | Are records kept of supplies and suppliers? |  |  |  |
|  | **Mercury** |  | | |
| 1 | Have clinical staff been informed of the hazards? |  |  |  |
| 2 | If amalgam is used is it capsulated? |  |  |  |
| 3 | Do staff know what to do in the event of a spillage? |  |  |  |
| 4 | Is a fully stocked mercury spillage kit available? |  |  |  |
| 5 | Are the surgeries adequately ventilated? |  |  |  |
| 6 | Are floors and work-surfaces impervious and smooth? |  |  |  |
|  | **Pregnant and nursing mothers** |  | | |
| 1 | Has a risk assessment been carried out for pregnant and nursing members of staff? |  |  |  |
| 2 | Have work practices been altered to eliminate health risks where appropriate? |  |  |  |
| 3 | Are any anxieties about work being addressed? |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

|  |  |  |  |  |
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|  | **Pressure systems - autoclaves and air-receivers** | ***Green*** | ***Amber*** | ***Red*** |
| 1 | Have staff been trained in how to use the equipment? Are these training documents available in the practice |  |  |  |
| 2 | Is there a written scheme of examination for each autoclave and air-receiver, detailing the extent and frequency of examination? |  |  |  |
| 3 | Do you have records of these examinations and any work required? |  |  |  |
| 4 | Is the equipment serviced in line with the manufacturer’s instructions? |  |  |  |
| 5 | Do you have records of servicing? |  |  |  |
|  | **Risk assessment** |  | | |
| 1 | Have the hazards in the workplace been identified? |  |  |  |
| 2 | Have employees at risk been identified? |  |  |  |
| 3 | Have adequate controls been put in place to remove or reduce the risks? |  |  |  |
| 4 | Has the risk assessment been recorded and dated? |  |  |  |
| 5 | Have staff been informed of the outcome of the assessments? |  |  |  |
| 6 | Are the assessments updated regularly? |  |  |  |
| 7 | Have you carried out separate assessments for any young workers and pregnant staff? |  |  |  |
|  | **Risk assessment - hazardous substances** |  | | |
| 1 | Have you identified all hazardous substances used in the practice? |  |  |  |
| 2 | Have you considered biological hazards? |  |  |  |
| 3 | Have you assessed the risks to employees? |  |  |  |
| 4 | Are the control measures adequate or does more need to be done? |  |  |  |
| 5 | Have you considered the need for health surveillance (with mercury use for example)? |  |  |  |
| 6 | Have the assessments been documented and dated? |  |  |  |
| 7 | Have you made staff aware of the risks involved with the hazardous substances identified and  trained them to use these substances safely? |  |  |  |
| 8 | Are the assessments reviewed on a regular basis? |  |  |  |

***Green: Fully compliant***

***Amber: Progress but not yet fully compliant***

***Red: Action required***

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| --- | --- | --- | --- | --- |
|  | **Safety signs** | ***Green*** | ***Amber*** | ***Red*** |
| 1 | Are fire fighting equipment and escape routes clearly marked? Is there appropriate emergency lighting in place |  |  |  |
| 2 | Are the first-aid facilities clearly marked and the designated person identified? |  |  |  |
| 3 | Do all safety and emergency signs contain a pictogram? |  |  |  |
| 4 | Does all radiographic equipment have warning signals to indicate when equipment is in use? |  |  |  |
|  | **Waste** |  | | |
| 1 | Is waste segregated into non clinical, clinical and special waste prior to disposal? |  |  |  |
| 2 | Is waste collected by someone registered to carry it? |  |  |  |
| 3 | Are waste transfer notes/consignment notes completed and signed by both parties? |  |  |  |
| 4 | Do you have waste transfer notes for the last 2 years and consignment notes for the last 3 years? |  |  |  |
| 5 | Are the appropriate EWC codes inserted on the transfer note? |  |  |  |
|  | **Welfare** |  | | |
| 1 | Is there adequate ventilation in the practice? |  |  |  |
| 2 | Is a suitable working temperature measured and maintained? |  |  |  |
| 3 | Is the lighting sufficient to carry out all work activities? |  |  |  |
| 4 | Are there sufficient toilets for employees? |  |  |  |
| 5 | Are sanitary disposal facilities provided in toilets used by females? |  |  |  |
| 6 | Are suitable rest and eating facilities provided which are separate from working or clinical areas? |  |  |  |
| 7 | Are floors free from tripping hazards? |  |  |  |
| 8 | Are there suitable changing facilities and secure personal storage lockers available? |  |  |  |

**RESULTS**

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| --- | --- |
|  | **Number** |
| **GREEN** |  |
| **AMBER** |  |
| **RED** |  |
| **TOTAL** | 148 |

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| **3**Actions required and action completed **- Red to Green** |
| **4.** Declaration - Date |
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| **Clinical Governance in Primary Dental Care Clinical Audit feedback:** | | |
| **Were the following AIMS & OBJECTIVES ACHIEVED** | **Yes** | **No** |
| 1. **To enable dental performers to understand their clinical governance obligations** |  |  |
| 1. **To help dental performers to evaluate their current compliance with their clinical governance obligations** |  |  |
| 1. **To decide on an action plan and make any necessary changes** |  |  |
| 1. **To review the changes made** |  |  |

|  |
| --- |
| **Action Plan and Changes made after Clinical Governance Clinical Audit:**  **RED TO AMBER**  ***Actions required***    ***Actions completed***    **AMBER TO GREEN**  ***Actions required***    ***Actions completed***      **RED TO GREEN**  ***Actions required***    ***Actions complete*** |

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| **How useful did you find this** **Dental Clinical Audit?**  **Please circle one of the following: *No use***  ***Useful***  ***Very Useful*** |