

Dental Inspection Planning Tool

Location name:			
Provider name:			
Location ID:		Date planning started:	
Address:			
Reg. man			
Tel No:		Inspection ID:	
SpA Name:		SpA Email address:	
Observer Spa		Observer NHS	

Review of information and evidence

Background:
Area Team information return:
Provider information return:
Complaints in last 12 months –
NHS Choices (not updated since xxxx) – x reviews rated xx star last xxxxx (Not responded to since xxx)
<i>Friends and Family test:</i>
Healthwatch information return:
Inspection History:
Notifications:
Concerns and enforcement:

Stakeholders contacted pre-visit	Date
NHS England	
09.15 – 09.30	Inspectors and SpA arrival meet outside premises – introductions, confirm plan for the day
09.30 -09:45	Meet with practice manager to confirm timings for meeting with staff etc
10:00 – 12:00	Inspector and SpA working independently according to plan/timetable
12:00 – 13:00	Corroboration and working lunch
13:00 – 14.30	Inspector and SpA working independently according to plan/timetable – focus on corroborating evidence and any gaps not covered during the morning
14:30 – 15.00	Final corroboration and feedback to practice (RM) led by Inspector
Inspector focus: <ul style="list-style-type: none"> To review practice management records, systems and processes. To review staff records To interview practice manager To interview dental nurses To look at those items highlighted and black 	SpA focus: <ul style="list-style-type: none"> To review clinical records for each dentist – to include a range of different treatments and demonstrating how consent obtained. To interview dentists, hygienists and dental nurses. To look at those items highlighted and black.

No of CQC comments cards	
No of Staff spoken with	
No of Patients spoken with	
<u>Number of staff spoken to during inspection / designations</u>	

<p>taken directly to hospital.</p> <p>COSHH – assessing the risk of substances to people.</p> <p>Referral to guidance is/ is not necessary.</p>	<p>Example: Learning shared</p>	<p>COSHH 2002 regulations “must make COSHH assessments and should regularly update these” p 13 Risk Assessment advice sheet BDA</p>
<p><u>Incident / accident reporting</u></p> <p>What are adverse incidents and how are they reported in the practice?</p> <ol style="list-style-type: none"> Person able to / not able to describe what an incident is and difference between accidents / incidents e.g falling down stairs / reaction to certain material or an aggressive patient. Incidents are reported to either practice manager or principle dentist and then recorded in book. Does practice have a separate book for accidents as well as incidents? Examples within book 	<p>No of incidents in the last 12 months.....</p> <p>Example: Learning shared evidence</p> <p>Data protection complaint handbook</p>	<p>Regulation 12(2)b: Incidents that affect the health, safety and welfare of people using services must be reported internally and to relevant external authorities/bodies.</p> <p>Regulation 20</p> <p>Accident books must comply with HSE requirements – BDA H/S P5</p>
<p><u>Learning from accidents and incidents</u></p> <ol style="list-style-type: none"> Are there regular staff meetings within practice? How often? Do they discuss any incidents or accidents that have occurred in these meetings? Minutes? Evidence? 		<p>Regulation 12(2)b : incidents must be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result. Staff who were involved in incidents should receive information about them and this should be shared with others to promote learning</p>
<p><u>Sharps</u></p> <ol style="list-style-type: none"> How do they deal with sharp’s injuries? Where are sharps containers located when full? Sharps Regulations 2013 – familiarity of these? Use of any safety measures or single use syringes? Does the practice have in place a safe sharps risk assessment? 		<p>Sharps Regs 2013 by HSE</p> <p>“do not resheath needles unless there is a risk assessment that shows this is required to reduce the likelihood of another risk occurring”</p> <p>Injuries: Description of encouraging wound to bleed , rinse under running water, wash with soap, do not scrub /suck wound, place plaster, report, check medical history of patient, record in book and involve occupational health as appropriate</p>

<p><u>Raising concerns</u></p> <p>Is there a system in place for raising concerns? Are staff confident to use it?</p> <ol style="list-style-type: none"> Staff feel comfortable to approach other members about any concerns they have. Work atmosphere is friendly and staff describe an “open door” policy. 		<p>Regulation 12(2)(b) There must be policies and procedures in place for anyone to raise concerns about their own care and treatment or the care and treatment of people they care for or represent</p>
<p><u>Safety Alerts</u></p> <ol style="list-style-type: none"> Type of alerts received eg MHRA, NHSE, CAS Who receives alerts and how are they distributed amongst staff? Are these discussed in staff meetings? 	<p>MHRA/CAS procedure</p> <p>Reporting process</p>	<p>Regulation 12 (2) (b) Providers must comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).</p>
<p>S2: How are lessons learned and improvements made when things go wrong?</p>		
<ol style="list-style-type: none"> Patients are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result. The provider identifies and analyses clinical errors, incidents, errors and near misses involving all relevant staff and patients where applicable. Lessons are learned and communicated to make sure action is taken to improve safety. 		
<p><u>Duty of candour</u></p> <p>clearly understood and evident in professional? i.e apology provided, explanation of situation and any effects.</p>	<p>Sig events example</p> <p>Complaints example</p> <p>Complaints in last 12 months?</p> <p>Learning shared</p>	<p>Duty of candour Regulation 20</p> <p>As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a registered person must—</p> <p>(a) notify the relevant person that the incident has occurred in accordance with paragraph (3), and</p> <p>(b) provide reasonable support to the relevant person in relation to the incident, including when giving such notification.</p>
<p>Analysis of any incidents or near misses and discussion through staff meetings – see S1</p>		
<p>S3: What systems, processes and practices are in place to keep people safe and safeguard them from abuse?</p>		
<ol style="list-style-type: none"> Staff understand the reporting system for raising concerns, such as safeguarding, whistleblowing, complaints and feel confident to do so and, fulfil their responsibility to report concerns. Staff know how to identify, report and respond to suspected or actual abuse? Individual records are written and managed in a way to keep people safe. This includes ensuring people’s records are accurate, complete, eligible, up to date, stored and shared appropriately. 		
<p><u>Systems for raising concerns</u></p> <ol style="list-style-type: none"> Are there policies within practice for: 	<p>Policy dates</p>	<p>Regulation 13: Systems and processes must be established and operated effectively to prevent, abuse</p>

<p>Whistleblowing / Complaints /Safeguarding</p> <p>ii. Do staff appear to know their local protocols for the above?</p> <p>iii. Are the contact details accessible?</p> <p>iv. Are staff confident in addressing such issues with lead(s)?</p> <p>v. Who is/are the named lead(s) for the above?</p>	<p>Safeguarding training</p> <p>L2 Clinical Staff</p> <p>L1 Administration staff</p> <p>Contact details of SG bodies</p>	<p>investigate, immediately upon becoming aware of, any allegation or evidence of such abuse</p>
<p><u>Safeguarding</u></p> <p>i. Training in safeguarding for all staff? Can this be verified? SEE W1</p> <p>ii. Can the practice share with us any examples that they have had to deal with? Did they receive appropriate feedback from the referred to agencies/authorities?</p>		<p>Regulation 13 (2) As part of their induction, staff must receive safeguarding training that is relevant, and at a suitable level for their role.</p> <p>Child protection and the dental team, department of health, 2009, p4.6, 4.7</p> <p>Level 1 recommended for those in contact with children or parents</p> <p>Level 2 recommended for those who work directly with children or parents</p> <p>Level 3 is better for specialists working with children</p>
<p><u>Records</u></p> <p>Are records accurate, complete, eligible, up to date, stored and shared appropriately.</p> <p>Where are records kept?</p> <p>See record keeping checklist E1</p>	<p>Information governance protocol</p> <p>Secure storage of records</p> <p>Screens protected</p>	<p>Regulation 17 (2) (c)</p> <p>Records must be complete, legible, indelible, accurate and up to date, with no undue delays in adding and filing information, as far as is reasonable.</p>
<p>Staff understand the concept of the 'never event</p> <p>Prevention of wrong site surgery such as removal of the wrong tooth-protocols and guidelines in place and following best practice</p>		
<p>Rubber Dam : dentist does / does not use rubber dam.</p> <p>Risk assessing when not used/alternative measures</p> <p>Discussion with dentist about isolation of tooth/ protection of airway?</p>		<p>Quality guidelines for endodontic treatment: consensus report of the European Society of Endodontology states "should use rubber dam":</p>

Reporting of drug reactions through BNF on-line / Yellow card scheme (MHRA)

S4: How are risks to individual people who use services assessed, and their safety monitored and maintained?

- i. There are sufficient numbers of suitably qualified and competent staff (this includes appropriate recruitment processes), and the provider considers how the service uses the skills of other members of the dental team.
- ii. Staff are able to identify and respond appropriately to signs of deteriorating health and medical emergencies

Are there

- i. **sufficient numbers of suitably qualified/ competent staff?**
- ii. **appropriate recruitment processes –see table below**
- iii. **considerations for skill mix e.g. extended duty dental nurses, dental hygienist/therapist**

GDC registration
GDC checks
GDC numbers on templates
GDC numbers in leaflets
GDC Numbers on choices
Recruitment policy
Hep B
Induction

Regulation 18
Providers must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs

Skill Mix Regulation 18
Staffing levels and skill mix must be reviewed continuously

Regulation 19 Fit and proper persons employed

No expiry date for DBS certificate– gov.uk
Safeguarding Vulnerable Groups Act 2006

Staff ID	CV	References	DBS	GDC reg	Indemnity	Hep B	Contract	Induction	Appraisal

Extra Notes:
Supplied

Medical emergencies


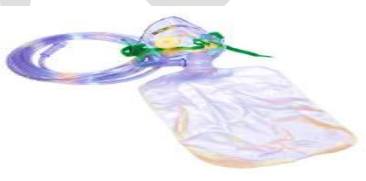
Staff awareness of medical emergency equipment

- i. Do staff know where the emergency drugs, oxygen and cardiac defibrillator are kept?
- ii. Are they in a secure area?

<p><u>Staff training in responding to medical emergencies</u></p> <ul style="list-style-type: none"> i. How often do staff undergo medical emergency training? ii. Are there regular simulated training scenarios? iii. CPD in relation to medical emergencies – evidence of practice based team training? <p>See W1</p>		<p>Resus.org Quality standards for CPR 2013 “must be trained” p5 annually “should”</p> <p>Simulated scenarios a “should” in GDC guidelines</p> <p>First aid trained staff – if practice has > 5 people working then should have at least one who is trained in first aid. P10 BDA H/S</p>												
<p><u>Emergency kit and Monitoring checks</u></p> <p>Do staff know that the GDC states professionals must follow Resuscitation guidelines? Checks for drugs / equipment made on a weekly (or more regular) basis?</p> <table border="1" data-bbox="124 882 730 1160"> <thead> <tr> <th></th> <th>Checks/frequency</th> <th>Logs /dates Seen from-to</th> </tr> </thead> <tbody> <tr> <td>Defibrillator</td> <td></td> <td></td> </tr> <tr> <td>Oxygen</td> <td></td> <td></td> </tr> <tr> <td>Emergency drugs</td> <td></td> <td></td> </tr> </tbody> </table>		Checks/frequency	Logs /dates Seen from-to	Defibrillator			Oxygen			Emergency drugs				<p>GDC p14 must follow resus.org 1.5.3</p> <p>“should be at least weekly” resus.org p4 list of drugs</p>
	Checks/frequency	Logs /dates Seen from-to												
Defibrillator														
Oxygen														
Emergency drugs														
<p><u>Purposely-designed ‘Emergency Drug’ storage container.</u> <u>Clear sign on door to locate container / oxygen?</u></p>														

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S4 MEDICINES CHECKLIST

Emergency medicines:	Within expiry date?	
Glyceryl trinitrate (GTN) spray (400micrograms)		Oxygen cylinder – 2 may be required Oxygen shelf life 3 YEARS , BDA advice sheet health/safety P6
Salbutamol aerosol inhaler (100micrograms)		
Adrenaline injection (1:1000, 1mg/ml)		
Aspirin dispersible (300mg)		
Glucagon injection 1mg		
Oral glucose		
Midazolam 10mg (buccal)		
Equipment: from resus.org 2013		Self –inflating bag (green) and mask with reservoir bag (see-through) (also called bag valve mask)
Protective equipment –gloves, apron etc		
Pocket mask with oxygen port.		
Portable suction		
Oropharyngeal airways (sizes 1, 2, 3,4).		
Self-inflating bag with reservoir -ADULT		
Self-inflating bag with reservoir -CHILD		
Clear face masks for self-inflating bag. (sizes 1, 2, 3 ,4).		
Portable oxygen cylinder (C/D size)		
Oxygen face mask with reservoir and tubing.		
Single use sterile syringes and needles.		
'Spacer' device for inhaled bronchodilators.		
Automated External Defibrillator (AED) Are the pads within expiry date? Do they have any paediatric pads or a defibrillator with a paediatric mode		
If no AED, what alternative arrangements are in place?		
Spillage kits – amalgam / eye /bodily fluids		
Scissors, Razor		Oxygen non-rebreather mask with reservoir bag attached and tubing.
Additional notes: Glucagon injection can be stored in fridge for 36 months from date of purchase or 18 months in cupboard from date of purchase SO check both expiry date and date of purchase if possible		AED: GDC website states - “should have” one Resus.org -“dental professionals must be trained in CPR so that they can.....attempt defibrillation within 3 minutes of collapse using an AED Resus.org “Paeds pads–not a “must” but a “should” if treat lots of children. P5 primary dental care equipment list Otherwise can safely use adult pads on child > 8years” but in event of arrest if nothing else available they can be used on anyone over 1 years.

S5: How well are potential risks to the service anticipated and planned for in advance?

i. Risks to safety from service developments and disruption are assessed, planned for and managed.

<p>Risk assessment file / log</p> <p>Business continuity plan... date.....</p> <p>Health and safety risk assessment date.....</p> <p>Fire risk assessment</p> <ul style="list-style-type: none"> • fire safety certificate • regular checks /tests/fire marshals/ 		<p>Regulation 12 (2) (a) Risk assessments relating to the health, safety and welfare of people using services must be completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so.</p> <p>Dates last updated</p> <p>.</p>
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<ul style="list-style-type: none"> clear guidance 		
S6: What systems, processes and practices are in place to protect people from unsafe use of equipment, materials and medicines?		
<ul style="list-style-type: none"> i. Premises and equipment are clean, secure, properly maintained and kept in accordance with current legislation and guidance such as, The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance, HTM 01-05 and HTM 04-01, National Patient safety Agency (NPSA) guidance and safe sharps directive to keep people safe. ii. Providers meet the requirement of relevant legislation to ensure that premises and equipment are properly purchased, used and maintained such as, Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), Sharps regulations 2013, HTM 07-01 (healthcare waste) iii. There are appropriate arrangements for managing medicines which include obtaining, prescribing, recording, handling, storage and security, dispensing safe administration and disposal. iv. There are sufficient quantities of instruments/equipment to cater for each clinical session which takes into account the decontamination process. 		
<u>Infection control (IC) and Decontamination</u>		Regulation 15 premises and equipment Reference HTM0105 2013
<u>Infection Control</u> <ul style="list-style-type: none"> i. Lead in IC /person with overall responsibility ii. Infection control Policy? Should Include : <ul style="list-style-type: none"> - decontamination guidelines and detailed description - sharps injuries policy - waste disposal policy - policy for hand hygiene - decontamination of new reusable instruments - policy for the use of personal protective equipment (PPE); - the recommended disinfectants to be used within the practice, their application, storage and disposal (disinfectant guidelines); - spillage procedure as part of local COSHH arrangements; - policies and procedures for environmental cleaning and maintenance with the methods used, the frequency of each procedure and appropriate record-keeping practices 		HTM 0105 reference 2.5 6.74
<u>Water lines / water bottles:</u> <ul style="list-style-type: none"> i. Flushed according to guidance i.e morning and end of day for 2 minutes and In between patients for 30 seconds ii. Water bottles filled each morning with distilled/reverse osmosis water iii. Bottle disconnected at night, rinsed and stored inverted overnight iv. Do they use any specific sterilisation /water treatment tablets e.g Alpron v. Performing any tests for biofilm e.g. visual / dip slide (Not essential) <p>Back flow should be prevented by use of anti-retraction valves in ultrasonics, dental hand pieces, water lines as well as spittoon, triple syringe etc</p>		6.85 6.83 – some manufacturers or legionella risk experts recommend leaving bottle attached overnight when using Alpron. This over rides HTM0105 6.78 6.87

<p><u>Legionella</u></p> <ul style="list-style-type: none"> i. Risk assessment and results/ action plan ii. Waterline management scheme / action iii. Is water temperature recorded on a monthly basis? iv. Readings / dates Water testing for legionella and temp checks should be done frequently as risk assessment identifies v. Water and air lines fitted with anti-retraction valves 		<p>Legionella risk asses. Should be carried out by trained person – i.e. engineer – CQC dental myth buster</p> <p>In accordance with ACoP L8 legislation?</p> <p>HTM0105 section 19 HTM0701 7.23/7.52 HTM0401 part B</p>
<p><u>Description of sterilisation process compliant with HTM0105</u></p> <ul style="list-style-type: none"> • Wearing of PPE i.e apron, gloves, mask, visor • Dirty instrument collection /transport in container • Washing/rinsing and inspection using magnifying light • Use of ultrasonic/washer disinfectant and autoclave • Drying and packaging with date stamp • Storage / transport of clean instruments in sterile container 		<p>(personal protective equipment)</p> <p>6.13 2.25 3.18 SECTION 3 3.32 / 4.23 4.25</p>

HTM0105 INSPECTION CHECKLIST

Surgery

		HTM0105	
Number of surgeries checked and identification			
Clearly designated dirty/clean areas in surgery/ Decontamination area with obvious flow from dirty to clean		5.2 /5.3	
Any rips in dental chair(s)/furniture/surfaces / flooring		6.46	
Are the clinical areas clean, tidy and free from clutter			
Drawers /cupboards clean and clutter free			
Local anaesthetic cartridges in blister packs?			
Dental materials within expiry date?			
Cotton wool rolls in dispenser /burs in covered stands			
Are Instruments rust-free and clean? Packaged with a date stamped and stored appropriately?		2.4k	
Keyboard covers / waterproof keyboards		6.66	
Handwashing sink in surgery Decontamination sinks : washing and rinsing/bowl		2.4v	
Decontamination Room / Area			
Separate decontamination room?			
Sinks -Hand-washing plus -Instrument washing + removable bowl OR rinsing sink		2.4v	
Clear marked dirty/clean flow for instruments			
Instructions for cleaning /Other posters / instructions			
PPI sufficient: gloves, masks, visors, aprons		6.14	
Household gloves for manual cleaning /changed weekly?		6.23	
Light and magnifier for inspection			
Clearly labelled containers for dirty/clean instruments Do they clean these containers on a regular basis		2.25 2.27	
Hand wash / Hand cream /Alco-gel		Appendix 1	

STERILISATION EQUIPMENT CHECKS

		By user / operator – check log books		By engineer – check certificates (Details of tests for info only)	
Pages 52-63		Daily	Weekly	Quarterly	Annually
ULTRASONIC	Filters/strainers removed and cleaned Drain machine at end of session/day Visual examination		Protein residue test Safety checks	<i>Automatic control Calibration Efficiency Foil tests</i>	<i>Maintenance</i>
WASHER DISINFECTOR	Filters and strainers removed and cleaned Visual examination of load items		Protein residue test Safety checks	<i>Safety Automatic control Cleaning Thermometric Dosing</i>	<i>Maintenance</i>
AUTOCLAVE	Automatic control test Steam penetration (if vacuum steriliser) Logs of temperature and pressure		Air leakage / Residual air leakage	<i>Thermometric</i>	<i>Maintenance</i>

Maintenance of Sterilisation equipment

i. Log books

HTM010511.14

Some manufacturers recommend using a “steri-strip” which changes colour when the cycle has achieved it’s required pressure and

<p>ii. Certificates of maintenance</p>		<p>temperature.</p> <p>Data loggers are also used to log pressure and temperature. These can be printed out or kept on a hard drive.</p>
<p><u>Cleaning</u></p> <p>i. How often is the practice cleaned?</p> <p>ii. Who by?</p> <p>iii. Do they bring /supply cleaning products?</p> <p>iv. Where are these stored?</p>	<p>6.61</p>	<p>Do they use colour coded buckets/mops as per NPSA guidance?</p> <ul style="list-style-type: none"> • Red –washrooms, toilets • Blue – general and offices • Green – kitchen • Yellow –clinical
<p><u>Healthcare Waste</u></p> <p>i. How does the practice segregate, store and dispose of clinical waste, amalgam, lead foil, extracted teeth and gypsum?</p> <p>ii. Where is waste stored until collection –is it secure / lockable and away from public view?</p> <p>iii. Is there a specific company for collection of</p> <ol style="list-style-type: none"> i. Clinical waste and sharps ii. Amalgam waste and lead foil iii. Extracted teeth and Gypsum <p>iv. How often does waste collection occur?</p> <p>v. Check consignment / transfer notes.</p> <p>vi. Do they use x-ray developer? If so, how do they dispose of it? (Illegal to pour down sink)</p>	<p>HTM0701 P152</p>	<p>For sharps see S1</p> <p>Regulation 15(a) and (b) Domestic, clinical and hazardous waste and materials must be managed in line with current legislation and guidance i.e. HTM0701</p>
<p><u>Radiography</u></p> <p>Can the practice demonstrate a well maintained radiation protection file with:</p>		<p>IRMER /NRPB appendix 4</p>

<p><u>Stock Control /Expiry date Checks</u></p> <ul style="list-style-type: none"> i. Who is in charge of ordering stock in the practice? ii. Are there systems in place to ensure out-of-date stock is removed? iii. Is this logged? iv. What about for processed packaged instruments? 		<p>HTM0105 4..26</p>
<p><u>Does the practice have in place maintenance contracts for:</u></p> <ul style="list-style-type: none"> i. x-ray sets ii. sterilisation equipment iii. dental chairs iv. compressor / pressure vessels 		
<p><u>PAT testing : frequency</u></p>		<p>BDA H.S P7 Visual inspection is the most important HSE recommends PAT testing by an electrician every 5 years for low risk environments but in dental practices 2-3 yearly may be more suitable.</p>
<p><u>Instrument turnover</u></p> <ul style="list-style-type: none"> i. Does there appear to be sufficient equipment / instruments available? ii. Can staff also confirm this? 		
<p><u>Questions for patients</u></p> <ul style="list-style-type: none"> i. Is the environment clean and comfortable for you eg were disposable gloves used / washed their hands. ii. When you come for a check-up appointment does the practice ask you to fill in a written medical history questionnaire? 		
<p><u>“SAFE” Documents checklist</u> Practice Risk Assessments Incident Reporting Protocol Accident/RIDDOR book Sharps injury protocol Safe sharps risk assessment as per 2013 guide PAT Testing Certificate</p>		

Fire Safety Assessment Certificate Equipment maintenance schedules		
<u>EFFECTIVE</u>		
E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence based guidance?		
<ul style="list-style-type: none"> i. People's care and treatment is planned and delivered in line with evidence based guidelines, standards, best practice and current legislation. ii. There is evidence of a comprehensive assessment to establish individual needs and preferences. iii. Discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity status, race, religion or belief are avoided when making care and treatment decisions. 		
<ul style="list-style-type: none"> i. How is the practice meeting the dental and general preventive agenda? (Smoking cessation, sensible alcohol use and weight management) ii. Dental Nurses trained in oral health education/smoking cessation? iii. If the practice is situated in an area of social deprivation, how does the practice engage with disadvantaged groups? Etc 		Health promotion leaflets evident in practice?
<p><u>NICE guidance:</u></p> <p>Are the dentists aware of the following:</p> <ul style="list-style-type: none"> i. Antibiotic Prophylaxis for endocarditis patients is no longer required? ii. Wisdom teeth are to be referred only after 2-3 episodes of pericoronitis /infection or if clinically required? iii. Recall of patient based upon risk category i.e high/medium/low risk? Risk based upon diet, oral hygiene and other risk factors e.g. smoking, alcohol and medications 		<p>NICE guidelines</p> <p>GDC standards for the Dental Team</p> <p>Examples of NICE being followed:</p>
<p><u>Oral Health Toolkit:</u></p> <p>Is Dentist carrying out the following preventive work</p> <ul style="list-style-type: none"> 1) Oral hygiene advice 2) Fluoride Varnish 3) Fissure sealants 4) High concentration fluoride toothpaste /mouthwash 5) Smoking cessation 6) Alcohol consumption 		Department of Health Delivering Better Oral Health toolkit.

<p>7) Dietary Advice</p> <p>Is Basic Periodontal Examination– BPE – carried out for all adults (where applicable) and for kids 7 + years?</p> <p>Treatment provided according to results of BPE?</p>		
<p>Radiographs:</p> <p>i. Taken in accordance with FGDP and IRMER guidance?</p> <p>ii. Xrays are justified, graded and reported on?</p>		<p>Faculty of General Dental Practice (FGDP), Selection Criteria for Dental Radiography</p>

General Record keeping Checklist

Check records for the following information

INFORMATION	TALLY	INFORMATION	TALLY
Medical history & updates every visit		Treatment options	
Intra Oral Examination Soft tissues checks		Cost explained clearly	
Extra Oral Examination		Recall intervals according to risk	
BPE and treatment according to score – e.g check if BPE of 3 there is a full pocket probing depth chart		Radiographs: <ul style="list-style-type: none"> • Justification • Grading (might be in a separate log book) • Report 	
Risk assessment for e.g. caries, periodontal treatment		Local anaesthetic batch number	
Informed Consent: Verbal –indicated in notes Written /signed – copy kept?		Prescription numbers - might be in a separate log book.	

- i. Number of records checked in total: Adult - Children –
- ii. Treatments seen in records e.g. exam, urgent, periodontal, endodontics
- iii. Overall record keeping: excellent / good / average / needs improving / poor

Evidence of equality and diversity?

E2:Do staff have the skills, knowledge and experience to deliver effective care and treatment?

- i. Staff are supported to deliver effective care through opportunities to undertake training, learning and development and through meaningful and timely supervision. Learning needs of staff are identified. Members of the dental team are up-to-date with their Continuing Professional Development (CPD) and supported to meet the requirements of their professional registration.

<p><u>Training:</u> Do staff receive support and training in:</p> <table border="1"> <thead> <tr> <th>Topic</th> <th>Last training date</th> <th>Evidence seen?</th> </tr> </thead> <tbody> <tr> <td>Safeguarding</td> <td></td> <td></td> </tr> <tr> <td>CPR</td> <td></td> <td></td> </tr> <tr> <td>Medical Emergencies</td> <td></td> <td></td> </tr> <tr> <td>Infection control</td> <td></td> <td></td> </tr> </tbody> </table>			Topic	Last training date	Evidence seen?	Safeguarding			CPR			Medical Emergencies			Infection control			<p>Regulation 18 (2) Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, (b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform</p>		
Topic	Last training date	Evidence seen?																		
Safeguarding																				
CPR																				
Medical Emergencies																				
Infection control																				
<p><u>Training and development needs</u> What processes are in place to identify and remedy poor performance</p> <ul style="list-style-type: none"> - appraisals - PDP's <p>How often?</p> <p>Number of staff appraisals / PDP's checked</p> <p>_____</p> <p>Examples of identification of poor performance and any improvements:</p>			<p>Evidence seen:</p> <ul style="list-style-type: none"> • Dental professionals- • Dentists- not mandatory but good practice 																	
<p>Can all staff demonstrate that they comply with current GDC CPD requirements? SEE W1</p> <p><u>Recommended CPD Topics</u> Legal and ethical issues, Complaints handling, Oral Cancer: Early detection, Safeguarding children and young people, Safeguarding vulnerable adults Recommended verifiable topics: Medical Emergencies: at least 10 hours in every CPD cycle – and at least two hours of CPD in this every year; Disinfection and Decontamination: at least five hours in every CPD cycle Radiography and radiation protection: at least five hours in every CPD cycle</p>			<p>GDC 2015 requirements: Dentists 250 hours over a five-year period • 75 hours of verifiable CPD</p> <p>Dental care professionals 150 hours over a five-year period • 50 hours of verifiable CPD</p>																	
<p>E3: Are there effective arrangements in place for working with other health professionals to ensure quality of care for the patient?</p>																				
<p>i. There are clear guidelines for referring patients to specialist colleagues based on current guidelines</p> <p>ii. When people are referred to another dental service, all information that is needed to deliver their ongoing care is appropriately shared in a timely way.</p>																				
<p><u>Referrals</u></p>																				

<p>i. Made to what services e.g Orthodontic, oral surgery, periodontal etc</p> <p>ii. What criteria do they use for referring patients to specialist colleagues?</p> <p>Difficult / complicated cases /Beyond own clinical capacity</p> <p>iii. Number of letters viewed:</p> <p>iv. Are letters detailed with relevant information such as medical history, radiographs, clear reason for referral etc?</p> <p>v. Are patients offered a copy of referral letter?</p> <p>vi. What processes are in place for suspicious lesions i.e. suspecting oral cancer?</p>		
<p>E4:Is people’s consent to care and treatment always sought in line with legislation and guidance?</p>		
<p>i. The provider has made information and support available to help people understand the care and treatment options. This includes information about the cost of treatment (where appropriate).</p> <p>ii. Staff understand and apply the legislation and guidance, including the Mental Capacity Act 2005 and the Children’s Acts 1989 and 2004.</p> <p>iii. Staff can demonstrate when people may require support in obtaining consent and work within the ethos of the Mental Capacity Act 2005</p> <p>iv. People report that they are supported to make decisions</p>		
<p><u>Informed consent</u> In order to obtain informed consent: Clear explanation of options, alternatives and costs Advantages and disadvantages of treatments all discussed with patients?</p>		<p>Regulation 9 (3) g and 11 People using services and those lawfully acting on their behalf must be given relevant information in the most suitable way for them and in a way that they can understand. This includes information that describes:</p> <ul style="list-style-type: none"> o The condition or conditions affecting the person using the service. o All possible treatment options. o The risks and benefits of each option. o The implications of not undertaking any, or only undertaking a part, of the care and treatment options. o Costs/fees/tariffs o Reasonable expectations of the outcome of each care and treatment option.
<p><u>Mental Capacity and Children Acts</u> Do staff possess sufficient knowledge on the MCA / Children’s acts?</p>		<p>Regulation 9 (2) Where people lack mental capacity providers must act in accordance with the Mental Capacity Act 2005 (MCA)</p>

<ul style="list-style-type: none"> i. MCA: Clear understanding of act including variation between working in the best interests of a patients and obtaining consent from a person with power of attorney. ii. Children's: Understanding of "Gillick competence"? <p>Explanation of the concept of Gillick competency clear and accurate – i.e if a child was under legal age but mature enough in understanding then child could provide informed consent?</p>		<p>3 (a) Where a person lacks the mental capacity to make specific decisions about their care and treatment, and no lawful representative has been appointed, their best interests must be established and acted on in accordance with the Mental Capacity Act 2005.</p>
<p><u>MCA training</u></p> <ul style="list-style-type: none"> i. Have they had specific training / online training? ii. Capacity assessments – any examples? 		<p>9 (3) (d) A record must be kept of all assessments, care and treatment plans, and decisions made by people who use the service and/or those acting on their behalf.</p>
<p><u>Children:</u></p> <ul style="list-style-type: none"> i. How are they informed of their care, treatment and support? ii. How does the professional interact with and explain things to children e.g <p>Child appropriate language /Tell-show-do technique / Any other methods</p> <ul style="list-style-type: none"> iii. How are they encouraged to take part in decision making to the fullest extent that is possible? iv. Are they asked if they agree for their parents or guardians to be involved in decisions they need to make? 		
<p><u>Questions for patients:</u></p> <p>Were you given information and specific advice to help you improve your dental health such as tooth brushing with fluoride toothpaste, maintaining a healthy diet, smoking cessation and sensible alcohol use?</p>		
<p><u>CARING</u></p>		
<p>C1:Are people treated with kindness, dignity, respect and compassion while they receive care and treatment?</p>		

<ul style="list-style-type: none"> i. People report that they are treated with dignity and respect at all times. ii. The environment is conducive to supporting people's privacy. iii. Staff take time to interact with patients and those close to them in a respectful, appropriate and considerate manner. iv. Staff recognise and respect people's diversity, values and human rights. 		
<p><u>Dignity / respect</u></p> <p>Observation of staff interaction with patients re respect, Consideration and ensuring equality and diversity is respected</p>		<p>Patient interviews and comment cards regarding respect/dignity</p> <p>Regulation 10 Providers must make sure that they treat people using services with dignity and respect</p>
<p><u>Privacy / confidentiality</u></p> <p>Staff understanding and application of confidentiality Ask staff to describe patient confidentiality guidelines and when/ how information is available to patients.</p> <p>Information governance policies</p> <p>Is the environment conducive to support patient privacy/confidentiality eg Are any patient cards or medical histories on display or in an area where they can be seen? Is reception always staffed? Privacy for patients at reception desk / phone calls</p>		<p>Regulation 10 (2)a Each person's privacy must be maintained at all times</p> <p>Regulation 17 (2) c Systems and processes must support the confidentiality of people using the service and not contravene the Data Protection Act 1998.</p>
<p><u>Time management</u></p> <p>Staff awareness of anxious patients – timely support provided</p>		
<p>C2 How are patients and those close to them involved as partners in their care?</p>		
<p><u>Involvement in decisions about care and treatment:</u> <u>Mental capacity act /Children</u></p>		<p>See Effective E4 Regulation 11 Consent Regulation 9 Person-centred care</p>
<p>C3 Do people who use services, and those close to them, receive the support they need to cope emotionally with their care and treatment?</p>		
<p><u>Do staff show compassion to anxious patients?</u> <u>Any special measures e.g. longer treatment slots or options for sedation if appropriate</u></p>		
<p><u>Does the practice have dedicated appointment slots or make specific adjustments for:</u></p> <ul style="list-style-type: none"> i. Urgent treatment ii. People with disabilities / extra needs 		

See R1		
<p><u>Questions for people</u></p> <p>Did you feel you had sufficient privacy when your treatment was carried out?</p> <p>Are staff helpful and do they listen to you and your family or carer?</p>		
<p><u>“Effective/Caring” Documents checklist</u></p> <p>Child and Adult Safeguarding Protocols</p> <p>Mental Capacity Act Protocol</p>		
<u>RESPONSIVE</u>		
<p>R1 Are services planned and delivered to meet the needs of people?</p> <ul style="list-style-type: none"> i. The facilities and premises are appropriate for the services that are planned and delivered. ii. Appointment times are scheduled to ensure people’s needs and preferences (where appropriate) are met. iii. Providers make reasonable adjustments such as to the environment, choice of dentist or treatment options to enable people to receive care and treatment. iv. The provider takes into account of the needs of different people on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity v. There is evidence that the provider gathers the views of patients when planning and delivering services. 		
<p><u>Facilities</u></p> <ul style="list-style-type: none"> i. Are the facilities/premises appropriate to the services provided? ii. Have reasonable adjustments been made according to dental requirements? 		
<p><u>Appointment times</u></p> <ul style="list-style-type: none"> i. What action is taken to minimise the time people have to wait for treatment or care? ii. How does the practice deal with emergencies? Do they use dedicated appointment slots? Out of hours arrangements? Page 23 of 32 iii. Appointment system : general booking, any double/triple bookings, dedicated urgent appointment slots 		
<p><u>Adjustments and Needs</u></p> <ul style="list-style-type: none"> i. How are dental services planned and 		<p>Regulation 10 (2) c Dignity and respect</p> <p>People using services must not be</p>

<p>delivered to take account of the needs of different people on the grounds of age, disability, gender, gender identity, race, religion or belief and sexual orientation?</p> <p>ii. How does the dental practice engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services?</p> <p>iii. Identification of any needs relating to population eg language/access</p> <p>iv. Are reasonable adjustments made so that people with a disability can access and use the service on an equal basis to others?</p>		<p>discriminated against in any way and the provider must take account of protected characteristics, set out in the Equality Act 2010. The protected characteristics are age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.</p>
<p><u>Planning</u></p> <p>i. How can the practice show you improvements to services that have been made as a direct result of feedback from patients?</p>		<p>See W4</p>
<p>R2 Do services take account of the needs of different people, including those in vulnerable circumstances</p> <p>i. All reasonable efforts/adjustments are made to enable patients to receive their care or treatment.</p> <p>ii. People report they have access to, and receive, information in the manner that best suits them and that they can understand.</p> <p>iii. There is evidence of reasonable effort and action to remove barriers when people find it hard to access or use services.</p>		
<p><u>Vulnerable people</u></p> <p>i. Are reasonable adjustments made to enable vulnerable people to receive care?</p> <p>ii. With respect to safeguarding, is there a flow chart with local contact number displayed?</p>		<p>Regulation 9 –person centred care</p>

<p>Disability access- mobility, hearing, visual</p>		
<p><u>Equality & Diversity</u></p> <p>Equality policy and training</p> <p>Ask the staff on the reception to tell you about how the Mental Capacity Act may affect how they offer treatment to patients. Were they able to? See E4</p>		<p>Regulation 10 (2) (c) Equality and Diversity</p>
<p>R3 Can people access care and treatment in a timely way?</p> <ul style="list-style-type: none"> i. Waiting times, cancellations and delays are minimal. ii. People have timely access to urgent treatment. iii. People report that they are aware of how they can access emergency treatment, including out of normal hours. 		
<p><u>Access to appointments</u></p> <ul style="list-style-type: none"> i. Opening times / days of practice ii. Diary space – how far in advance are bookings? iii. Urgent appointments – see R1 iv. Out of hours access –see R1 		
<p><u>Accessibility of phone system</u></p> <p><u>Layout of building</u></p>		
<p><u>Domiciliary services</u></p> <p>If the practice carries out domiciliary care, what systems and processes do they have in place to assess a patients' capacity under the Mental Capacity Act 2005?</p> <p>Are they carrying their medical emergency kits to each visit?</p>		<p>Domiciliary visits "must" have adequate medical emergency supply with reasonably quick access BDA H/S p10</p>

R4 How are people's concerns and complaints listened and responded to, and used to improve the quality of care?

There is a complaints system in place, which is publicised, accessible, understood by staff and people who use the service.

- i. There is openness and transparency in how complaints are dealt with
- ii. Information is provided about the steps people can take if they are not satisfied with the findings or outcome once the complaint has been responded to.
- iii. People report that they know how to complain, that the system is easy to use and staff treat them compassionately and give help and support they need to make a complaint.

Complaints

- i. Policy displayed or accessible
- ii. Internal system for handling complaints and concerns-
Staff knowledge of process
- iii. Complaints Log
- iv. Audits of complaints and learning shared.
- v. Examples of changes / improvements

GDC standards for dental professionals: **Standard 5**

You must make sure that there is an effective complaints procedure readily available for patients to use, and follow that procedure at all times
5.1.5 You should make sure that your complaints procedure:

- is displayed where patients can see it
- **patients should not have to ask for a copy;**
- is clearly written in plain language and is available in other formats if needed;
- is easy for patients to understand /follow;
- provides information on other independent organisations that patients can contact to raise concerns;
- allows you to deal with complaints promptly and efficiently;
- allows you to investigate complaints in a full and fair way;
- explains the possible outcomes;
- allows information that can be used to improve services to pass back to your practice management or equivalent;
- respects patients' confidentiality.

Regulation 16 (2)

Providers must maintain a record of all complaints, outcomes and actions taken in response to complaints. Where no action is taken, the reasons for this should be recorded
Regulation 20 Duty of candour

Questions for patients

- i. How long have you been coming here?
- ii. Do you always understand what different options you are offered if you need treatment? Were you provided with information (verbally or in writing) which you understood, to help you make a choice about treatment

<p>options?</p> <p>iii. Were you provided with the costs of treatment before agreeing to have the treatment and given time to think about it (taking account of urgent care needed)</p> <p>iv. Do you always understand if you are being treated on the NHS or privately?</p> <p>v. Is it easy to make an appointment when you need one, or is there a long wait?</p> <p>vi. Do appointments run on time?</p> <p>vii. Have you ever needed to complain, how was it handled?</p>		
<p><u>“Responsive” Documents checklist</u></p> <p>Results of current patient satisfaction survey Action Plans from surveys Compliments Log Complaints Log Patient Information Leaflet/s Out of Hours information NHS or Private price list</p>		
<p><u>WELL-LED</u></p>		
<p>W1: Do the governance arrangements ensure that responsibilities are clear, quality and performance are regularly considered, and risks are identified, understood and managed?</p> <p>i. Staff are supported and managed at all times and are clear about their lines of accountability.</p> <p>ii. Staff are supported to meet their professional standards and follow their professional code of conduct</p> <p>iii. Where required, there is a registered manager in post who understands their responsibilities and is supported.</p> <p>iv. Care and treatment records are complete, legible and accurate, and are kept secure. Records relating to employed staff include information relevant to their recruitment.</p> <p>v. There is an effective approach for identifying where quality and/or safety is being compromised and steps are taken in response to issues. These include audits of radiological images, clinical notes, Legionnaires’ disease, infection prevention and risks, incidents and near misses and autoclave checks.</p>		

<p><u>Practice management and support structure</u></p> <ul style="list-style-type: none"> i. Who in the practice is responsible for the day to day running of the practice? ii. Does the practice have other staff members who act as dedicated leads for different areas such as infection control, safeguarding issues, dealing with medical emergencies? iii. Do all practice staff have a grasp of the new 'Standards for the dental team'? Are they supported in this? 		
<p><u>Appraisals</u> See E2</p>		
<p><u>Recruitment</u> See S4</p>		
<p><u>Staffing</u> See S4 Is the dentist, dental hygienist/therapist properly supported by an appropriately qualified dental nurse?</p> <p>For practices providing conscious sedation and specialist oral surgery are there appropriate nurse to dentist ratios?</p> <p>If domiciliary visits are carried out, is there appropriate nursing support for the dentist?</p> <p>How does the practice deal with staff shortages during sickness and holidays?</p>		<p>18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.</p> <p>(2) Persons employed by the service provider in the provision of a regulated activity must—</p> <ul style="list-style-type: none"> (a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, (b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and (c) where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards.
<p><u>Records</u> – see E1</p>		
<p><u>Quality Monitoring</u> What quality monitoring systems are in place and</p>		

<p>how is the information shared with staff? Practice Meetings</p> <p><i>RA /COSHH How does the practice manage clinical and environmental risk? What is the quality of their systems and processes are they robust? What type of risk assessments do they have, how often are they written down? Do they have a dedicated COSHH file? Is it reviewed on a regular basis to take account of new materials introduced into the practice?</i></p> <p>Audits – see W3</p>		
<p>W2 How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote delivery of high quality care?</p> <ul style="list-style-type: none"> i. The provider has systems in place to support communication about the quality and safety of services and what actions have been taken as a result of concerns, complaints and compliments. ii. Candour, openness, honesty and transparency and challenges to poor practice are the norm. 		
<p><u>Systems to communicate information</u></p> <p>Practice Meetings: see</p>		
<p><u>Duty of Candour</u> – see S2</p> <ul style="list-style-type: none"> i. Do staff feel valued and supported? ii. What are the lines of communication? Is it a two-way process? 		
<p>W3 How is quality assurance used to encourage continuous improvement?</p> <ul style="list-style-type: none"> i. Audit processes function well and have a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. ii. Information about the quality of care and treatment is actively gathered from a range of sources. iii. Staff report that information is shared for continuous learning and improvement 		
<ul style="list-style-type: none"> i. Local peer review/audit groups ii. Who takes the lead for clinical audits <p>Topics:</p> <ul style="list-style-type: none"> Infection Control Record Keeping Radiography <ul style="list-style-type: none"> iii. What learning has taken place and how was this shared with staff? iv. Are there any examples of changes made 		<p>HTM0105 1.7 practices should audit their infection control procedures every 6 months. Use of IPS tool strongly recommended.</p> <p>NRPB: 5.29 Clinical audits and/or peer reviews of radiography must be provided</p>

<p>to practice/processes as a result</p>		
<p>Cascading of new information: How does the practice staff learn about medical alerts? MRHA? See S1</p>		
<p>Training –see E2</p>		
<p>W4 How are people who use the service, the public and staff engaged and involved?</p> <ul style="list-style-type: none"> i. The provider has processes in place to actively seek the views of people who use the service and those close to them, and should be able to provide evidence of how they take these views into account in any related decisions. ii. Staff report that the provider values their involvement and that they feel engaged and say their views are reflected in the planning and delivery of the service iii. Staff and the provider understand the value in staff raising concerns. 		
<p><u>Feedback</u> Are satisfaction survey's carried out for both patients and staff?</p> <p>How are the views or suggestions from the survey cascaded to all members of the practice team?</p> <p>Can the practice show how survey results have resulted in improvements in patient care or the patient experience?</p>		<p>Regulation 17 (2)a Providers should actively seek the views of a wide range of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, about their experience of, and the quality of care and treatment delivered by the service. Providers must be able to show how they have:</p> <ul style="list-style-type: none"> o Analysed and responded to the information gathered, including taking action to address issues where they are raised, and o Used the information to make improvements and demonstrate that they have been made.
<p><u>Questions for patients</u> Does the practice ever ask you how the dental service could be improved? How would you rate the level of trust that you feel in your dentist and his staff?</p>		
<p><u>"Well Led document checklist"</u></p> <p>Practice meeting minutes (12 months) A set of general operating policies and procedures including:</p> <ul style="list-style-type: none"> – Infection Control – Complaints Handling – Health and Safety – Fire and risk assessment – Information Governance – Whistleblowing 		<p>Evidence of current training in:</p> <ul style="list-style-type: none"> – Infection Control – Dental Radiography – Child and Adult Safeguarding – Dealing with Medical Emergencies – Health and Safety Awareness (fire)

