

Action Plan

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| Service Name: | Scottish Dental Implants & Cosmetic Dentistry |
| Service number: | 02142 |
| Service Provider: | Zetta Elite UK Limited |
| Address: | 22 Commercial Street, Dundee, DD1 3EJ |
| Date Inspection Concluded: | 11 January 2024 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| <p>Requirement 1: The provider must ensure that all staff who work directly with patients are registered with the General Dental Council or enrolled on a dental nurse trainee programme (see page 14).</p> <p>Timescale – by 20 April 2024</p> | <p>All certificates are in folder for qualified/ registered staff</p> <p>We currently have one GDC registered Dental nurse and we are recruiting for a part time GDC registered Dental Nurse on indeed.co.uk. We do not have Other dental nurses at the moment.</p> <p>In case of Trainee Dental Nurses, the practice will enrol them on the 12 months training course organised by www.mentortrainingcentre.co.uk</p> | Completed | Practice Manager |

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| <p>Requirement 2: The provider must update its complaints policy to make clear that patients have the right to contact Healthcare Improvement Scotland at any time. Full contact details for Healthcare Improvement Scotland must also be detailed in the procedure (see page 19).</p> <p>Timescale – by 20 April 2024</p> | <p>This has now been updated by the practice manager with all the right information provided.</p> | <p>Completed</p> | <p>Practice Manager</p> |
| <p>Requirement 3: The provider must develop and implement a medicines management policy that sets out how the service procures, receives, stores, prescribes, administers and disposes of medicines (see page 19).</p> <p>Timescale – immediate</p> | <p>A record of medications delivered to the practice is now in place with stock control measures. Also a dispensing record which is signed and counter signed but staff, along with a prescription in the patient records.</p> | <p>Completed</p> | <p>Lead nurse/dentist</p> |

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| <p>Requirement 4: The provider must ensure that the X-ray scanner is appropriately tested in-house or arrange for an annual performance test to be carried out by an external specialist contractor (see page 19).</p> <p>Timescale – immediate</p> | <p>This has now been completed by an outside contractor and certificate obtained as proof of annual performance test.</p> | <p>Completed</p> | <p>Practice manager</p> |
| <p>Requirement 5: The provider must ensure that appropriate recruitment checks are carried out on all staff before they start working in the service (see page 19).</p> <p>Timescale – immediate</p> | <p>All potential employees will have to provide satisfactory references before starting employment with in Scottish dental Implants.</p> <p>A recruitment check list will now be used and kept within the employee file.</p> | <p>Completed</p> | <p>Practice manager</p> |

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| <p>Requirement 6: The provider must carry out a risk assessment on the clinical hand wash basin and taps in the decontamination room to mitigate any risk associated with using non-compliant basins and taps and consider a refurbishment programme to upgrade these (see page 23).</p> <p>Timescale – by 20 April 2024</p> | <p>Plan in place to purchase new back outlet basin from not just taps and have this installed by beginning of April 2024.</p> | <p>4 weeks</p> | <p>Practice manager/ lead nurse</p> |
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| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| <p>Recommendation a: The service should develop measurable key performance indicators and a process for measuring these to check they are being met (see page 13).</p> | <p>Plan in place using SOE , KPIs are implemented to measure practice performance, such as practice production, profits, profit per patient, percentage of active patients, case acceptance rate, new patients</p> | <p>Ongoing</p> | <p>Practice manager/Lead nurse</p> |

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| <p>Recommendation b: The service should introduce a programme of regular staff meetings, with a record of discussions, decisions reached and staff responsible for taking forward any actions. (see page 14).</p> | <p>Monthly staff meeting are now in place, which all staff must attend, Minutes are taken with the plans discussed and actions put in place, these are signed and a copy is provided to each member of staff.</p> <p>A template is used for the practice meetings.</p> | <p>Completed</p> | <p>Practice Manager and lead nurse</p> |
| <p>Recommendation c: The service should develop a patient engagement strategy that sets out a structured way for obtaining patient feedback and using it to improve the service (see page 16).</p> | <p>Patients are sent a link to provide feedback after there treatment at Scottish Dental Implants, A feed back box has also been left in reception should a patient like to leave feedback while they attend their appointment.</p> | <p>Completed</p> | <p>Reception staff</p> |

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| <p>Recommendation d: The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered (see page 16).</p> | <p>We are looking at ways for our staff to give feed back by introducing quarterly 1-2-1's with the Practice Manager.</p> | <p>Ongoing</p> | <p>Practice manager</p> |
| <p>Recommendation e: The service should develop an appropriate back-up protocol in case the autoclave malfunctions or stops working (see page 19).</p> | <p>There are a lot of instruments in the practice which allows for the practice to continue to work should the autoclave malfunction. The autoclave is under contract should this happen and an engineer usually attends within a day or so.</p> <p>If this was to be an ongoing issue, we are able to contact a local practice who would allow us to use there autoclave should we require.</p> <p>A copy of this protocol is available in the LDU for all staff to see. A copy is also available at reception and in the Practice Managers Office.</p> | <p>Completed</p> | <p>Lead Nurse</p> |

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| <p>Recommendation f: The service should ensure its complaints procedure is available in the reception area and on its website (see page 19).</p> | <p>This is on display in the reception area and can also be emailed to a patient should they request.</p> <p>Website is due to be upgraded and will have the complaints procedure added once completed</p> | <p>Completed</p> | <p>Practice Manager</p> |
| <p>Recommendation g: The service should ensure a range of image receptor sizes is available to maximise comfort for all patients and facilitate the best possible positioning (see page 19).</p> | <p>Size 2 sensors are provided in each surgery for P.A's. should a patient struggle with this size, we have the OPT machine should it prove difficult for the patient.</p> | <p>Completed</p> | <p>Dentist</p> |

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| <p>Recommendation h: The service should ensure that all clinical staff are trained in the duty of candour principles (see page 19).</p> | <p>Cpd training courses will be provided in due course to all staff to complete within the given timeframe</p> | <p>ongoing</p> | <p>Practice manager</p> |
| <p>Recommendation i: The service should produce and publish an annual duty of candour report (see page 19).</p> | <p>We will be looking to put this in place. Asap</p> | <p>ongoing</p> | <p>Practice manager</p> |

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| <p>Recommendation j: The service should further develop its audit programme to include radiology audits, patient care record audits and patient treatment outcomes audits (see page 20).</p> | <p>Monthly audits have now been put in place, and carried out.</p> | <p>ongoing</p> | <p>Dentist/ dental nurse</p> |
| <p>Recommendation k: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20).</p> | <p>Patient online questionnaire after each appointment to describe the journey and attention needed, patient survey tools, to get patient feedback, we have signed up for surveymonkey.com, google reviews will be another source.</p> | <p>Ongoing</p> | <p>Practice manager/Lead nurse</p> |

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| <p>Recommendation I: The service should assign at least one staff member responsible for fire safety management and legionella management within the service and ensure that appropriate fire marshal and legionella management training is provided to enable them to undertake this role (see page 21).</p> | <p>Staff have been assigned duties to carry out, CPD training has now been provided for legionella training</p> <p>And we are looking into Fire Marshall course for our qualified member of staff</p> | | <p>Practice Manager</p> |
| <p>Recommendation m: The service should ensure that patient care records consistently contain all the necessary information for each patient interaction (see page 23).</p> | <p>This has been passed on to all members of staff and the practice manager will complete a monthly audits on random patient records for each dentist each month. And feed back the results to the dentist and improvements that need to be made.</p> | | <p>Practice manager</p> |

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| <p>Recommendation n: The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland (see page 23).</p> | <p>The discussion regarding the Self-evaluation has been fed back to the practice manager and is aware of the importance of this, and will have this completed when requested in future.</p> | <p>Ongoing</p> | <p>Practice manager</p> |
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| Name | Sheham El Gamal |
| Designation | Practice Manager |
| Signature | Sheham El Gamal |
| Date | 20/03/2024 |

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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