

## Action Plan

Service Name:	New Life Teeth
Service number:	00704
Service Provider:	New Life Dental Limited
Address:	Canal Point, 22 West Tollcross, Edinburgh, EH3 9QW
Date Inspection Concluded:	01 February 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must amend its complaints procedure on its website to ensure it:</p> <ul style="list-style-type: none"> <li>a) highlights the patient's right to contact Healthcare Improvement Scotland at any time, and</li> <li>b) provides the full contact information for Healthcare Improvement Scotland (see page 22).</li> </ul> <p>Timescale – by 17 May 2024</p>	<p>Website is currently being updated.</p> <p>Have contacted the operations manager with the correct complaints procedure to include full contact information for HIS</p>	<p>ASAP by latest 17/5/24</p>	<p>Practice manager Operations manager</p>

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 12	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Requirement 2:</b> The provider must ensure that all clinical staff, including the clinic administration team, undertakes life support and medical emergency training and then continues to ensure that staff receive refresher training at appropriate intervals (see page 23).</p> <p>Timescale – by 17 June 2024</p>	<p>BLS/ILS training booked for Monday 11<sup>th</sup> June. To include the whole team including admin staff.</p>	<p>11<sup>th</sup> June</p>	<p>Practice Manager</p>
<p><b>Requirement 3:</b> The provider must ensure local rules for treatment rooms one and three are updated to detail the safe operating procedure for the handheld X-ray machines, taking into account the internal and external glass partitions (see page 23).</p> <p>Timescale – immediate</p>	<p>Have contacted the RPA Neil Pick for advice. Awaiting a response.</p>	<p>ASAP</p>	<p>Practice Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:2 of 12</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Requirement 4:</b> The provider must ensure appropriate routine in-house quality control testing is carried out on the 3D scanner at all times (see page 23).</p> <p>Timescale – immediate</p>	<p>Use of manufacturers CBCT QA test object from immediate effect. All tests to be logged on test sheet</p>	<p>Immediate</p>	<p>Practice manager Radiography qualified DN</p>
<p><b>Requirement 5:</b> The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine (see page 23).</p> <p>Timescale – by 17 May 2024</p>	<p>We are working on a SOP for PRF at present</p>	<p>17<sup>th</sup> may</p>	<p>Practice manager Clinical lead</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:3 of 12</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Requirement 6:</b> The provider must ensure that appropriate Disclosure Scotland background checks are carried out:</p> <ul style="list-style-type: none"> <li>a) on all staff before they begin working in the service, and</li> <li>b) on all staff currently working in the service.</li> </ul> <p>Checks must be recorded and retained on staff files (see page 27).</p> <p>Timescale – by 17 May 2024</p>	<p>To apply for all disclosure checks for clinical/non clinical staff who were missing from practice inspection.</p> <p>To obtain any disclosure checks prior to any future employment offers to potential new staff.</p>	<p>17<sup>th</sup> May 2024</p>	<p>Practice Manager</p>
<p><b>Requirement 7:</b> The provider must ensure that appropriate health clearance checks are carried out:</p> <ul style="list-style-type: none"> <li>a) on all staff before they begin working in the service, and</li> <li>b) on all staff currently working in the service.</li> </ul> <p>Checks must be recorded and retained on staff files (see page 27).</p> <p>Timescale – by 17 May 2024</p>	<p>Moving forward all new employees will be asked to provide health clearance before formal job offer is made.</p> <p>All current staff who did not meet regulations for health clearance eg HIV checks have now made appointments to have this carried out.</p>	<p>17 May 2024</p>	<p>Practice Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:4 of 12</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Requirement 8:</b> The provider must repair the flooring in treatment room one and the dental chair back and seat covering in treatment room two (see page 27).</p> <p>Timescale – by 17 June 2024</p>	<p>Flooring company booked to look at flooring in room 2</p> <p>Upholstery company also contacted to arrange repair</p>	<p>June 17<sup>th</sup></p>	<p>Practice manager</p>
<p><b>Requirement 9:</b> The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms will be upgraded to meet national guidance for specialised ventilation for healthcare services (see page 27).</p> <p>Timescale – by 17 May 2024</p>	<p>Risk assessment carried out per room previously. Ventilation was compliant at that time. Any future improvements to upgrade the surgeries will include a full risk assessment of the ventilation and if required will be in line with national guidance</p>		<p>Practice Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:5 of 12</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Requirement 10:</b> The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises (see page 27).</p> <p>Timescale – by 17 May 2024</p>	<p>Hand washing facilities were compliant with guidelines at time of installation. Any future improvements to the surgeries will include a risk assessment of current handwashing sinks and if required an upgrade in line with the current guidance.</p>		<p>Practice manager</p>

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:6 of 12	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Recommendation a:</b> The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these (see page 17).</p>	<p>To set out a vision for the practice in line with the group. To seek advice from the operations manager regarding this</p>		<p>Practice manager Operations manager</p>
<p><b>Recommendation b:</b> The service should have more regular meetings with its team. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 17).</p>	<p>We are planning a staff meeting every 8 weeks. The first meeting is planned for 2<sup>nd</sup> May</p>	<p>2<sup>nd</sup> May</p>	<p>Practice manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:7 of 12</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation c:</b> The service should ensure patients are informed of any changes made to the service as a result of their feedback (see page 19).</p>	<p>Plan to provide an email drop every 6 months to feedback any changes based on patient feedback</p>	<p>August 2024</p>	<p>Practice manager</p>
<p><b>Recommendation d:</b> The service should produce a duty of candour report each year and make it available to its patients (see page 23).</p>	<p>Plan to produce a duty of candour report annually as advised</p>	<p>Dec 2024</p>	<p>Practice manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:8 of 12</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation e:</b> The service should ensure all clinical staff are trained in the duty of candour principles (see page 23).</p>	<p>To provide Duty of candour training at practice meeting.</p>	<p>27<sup>th</sup> June</p>	<p>Practice manger</p>
<p><b>Recommendation f:</b> The service should further develop its clinical audit programme to cover key aspects of care and treatment. This should include a sedation audit. Audits should be documented, and improvement action plans implemented (see page 24).</p>	<p>Audits to be completed more regularly Infection control audit and radiography audit completed already</p>	<p>Ongoing</p>	<p>Practice manager Dental nurses Dentists</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:9 of 12</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation g:</b> The service should develop and implement a quality improvement plan to help structure and record improvement processes and outcomes, and demonstrate how it measures the impact of change (see page 24).</p>	<p>Working on developing a QI plan at present</p>	<p>July 2024</p>	
<p><b>Recommendation h:</b> The service should update its recruitment policy to include details of the background checks and health clearance checks that will be carried out for healthcare workers during the recruitment process (see page 28).</p>	<p>Updating recruitment policy currently. To work on this policy with the operations manager</p>	<p>Practice manager Operations manager</p>	

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:10 of 12</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation i:</b> The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 28).</p>	<p>To provide a self evaluation as requested</p>	<p>May 2024</p>	
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Name	Claire Mcneill	
Designation	Practice managr	
Signature	C mnceill	<p>Date <input data-bbox="1339 917 1697 981" type="text" value="22 / 04 /2024"/></p>

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

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:11 of 12	Review Date:
Circulation type (internal/external): Internal/External		

**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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:12 of 12	Review Date:
Circulation type (internal/external): Internal/External		