

## Action Plan

Service Name:	International Smiles
Service number:	00285
Service Provider:	Natsmiles Limited
Address:	Half Moon House, Seaforth Place, Burntisland, Fife, KY3 9AX
Date Inspection Concluded:	08 February 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</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 rooms will be upgraded to meet current guidance about sanitary fittings in healthcare premises (see page 18).</p> <p>Timescale – by 26 May 2024</p>	Plumber has been commissioned to undertake the replacement of the handwashing sink in the decontamination room and make the appropriate changes to the corian sinks in both surgeries.	6 months	Clinical Director

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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<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 11).	The service will develop recommended strategy	24 months	Clinical Director, PM
<b>Recommendation b:</b> The service should develop and implement a patient participation policy that sets out a structured way of engaging with its patients and demonstrating how it uses their feedback to improve the service (see page 14).	The service will develop and implement recommended policy	12 months	Clinical Director, PM
<b>Recommendation c:</b> The service should ensure all clinical staff are trained in the duty of candour principles (see page 16).	All clinical staff will undertake duty of candour principles training	6 months	PM
<b>Recommendation d:</b> The service should further develop its audit programme to include patient care record audits and patient treatment outcomes audits (see page 16).	The service will develop recommended audit programme	12 months	All clinicians

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Name			Date	
Designation	Alan Petrie    Magdalena Petrie			
Signature	Clinical Director    PM			
	A Petrie    M Petrie			23 / 04 / 2024

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

### 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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