

Action Plan

Service Name:	Kilmarnock Dental Care
Service Number:	02490
Service Provider:	The Real Good Dental Company Ltd
Address:	27 Portland Road, Kilmarnock, KA1 2BT
Date Inspection Concluded:	14 November 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that the sedationist undertakes their life support and medical emergency training (see page 16). Timescale – by 21 March 2024	Jonathan is booked in for SILS training on the 19 th of February 2024	19 th February 2024	Dentist
Requirement 2: The provider must action the findings from the outcome of the legionella risk assessment (see page 17). Timescale – by 21 March 2024	A Legionella file has now been made	Immediately	Practice Manager
Requirement 3: The provider must repair the raised carpet tile at the top of the staircase (see page 20). Timescale – immediate	The raised tile has now been sealed and secured.	Completed 06.02.24	Practice Manager

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 5	Review Date:
Circulation type (internal/external): Internal/External		

<p>Requirement 4: The provider must ensure that all appropriate information relating to sedation is consistently recorded in patient care records. This can be achieved by implementing a standardised sedation patient care record template (see page 20). Timescale – immediate</p>	<p>The Dentists have made a sedation patient care record to record all information relating to sedation. This includes fitness checks, sedation score.</p>	<p>Immediately</p>	<p>Dentists</p>
<p>Requirement 5: The provider must ensure that appropriate checks are carried out on staff before they begin working in the service. Checks must be recorded and retained on staff files. Key checks must be repeated at regular intervals to ensure staff remain safe to continue working in the service. These include professional registration status, indemnity insurance and Disclosure Scotland checks (see page 21). Timescale – immediate</p>	<p>Our Receptionist has sent away for a Disclosure Scotland check and all new staff who join will have this done prior to starting.</p>	<p>Immediately (has been submitted off)</p>	<p>Practice Manager</p>
<p>Requirement 6: The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 21). Timescale – immediate</p>	<p>Annual return form will be completed and submitted to HIS.</p>	<p>Immediately</p>	<p>Practice Manager</p>
<p>Recommendation a: The service should work with the provider to develop its own strategy that identifies a vision and clear and measurable aims and objectives, along with the key performance indicators that will help it achieve these aims and objectives. This information should be shared with staff and patients so there is a shared sense of direction (see page 11).</p>	<p>The service and the provider have been working closely to come up with its own personal strategy to help achieve their own aims and objectives.</p>		<p>Regional/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 5</p>		<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>			

Recommendation b: The service should work with the provider to develop clear lines of communication and reporting structures (see page 12).	The service have set out a clearer communication pathway for the provider.		Regional/Practice Manager
Recommendation c: The service should create a standardised agenda template for meetings, including standing agenda items that will be discussed and monitored at every meeting. 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 12).	All meetings now have an agenda template made with minutes then taken and kept. Action plans of this are then put in place.		Practice Manager
Recommendation d: The service should develop a patient participation policy that sets out the methods it will use to seek patient feedback, and how this will be analysed and used to improve the way the service is delivered. It should also ensure its website is accurate and up to date at all times (see page 14).	We are currently creating a policy to set out how we will gather and use patient feedback to improve the service. The website is currently being updated.		Practice Manager
Recommendation e: 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 14).	We are looking at introducing staff surveys to gather feedback.		Regional/Practice Manager
Recommendation f: The service should produce and publish an annual duty of candour report (see page 17).	We have implemented doing an annual update on our duty of candour report.		Regional/Practice Manager

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 5	Review Date:
Circulation type (internal/external): Internal/External		

<p>Recommendation g: The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint (see page 17).</p>	<p>Complaints procedure is in the process of being put onto our website.</p>		<p>Practice Manager</p>
<p>Recommendation h: The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as sedation records, medicine management, infection prevention and control, and the safety and maintenance of the care environment. Audits should be documented and improvement action plans implemented (see page 18).</p>	<p>We are introducing audits for different aspects within the service. These will then be audited and an action plan will be put in place.</p>		<p>Practice Manager/Dentists</p>
<p>Recommendation i: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).</p>	<p>We are currently looking at implementing a quality improvement plan</p>		<p>Regional/Practice Manager</p>
<p>Recommendation j: The service should ensure that practitioners are recording information in the same part of patient care records so that all clinical staff have instant access to the information they need to deliver patients' treatment and care (see page 21).</p>	<p>All practioners have been made aware that all notes must be recorded in the same area of the patient record</p>		<p>Dentists/Therapist</p>
<p>Recommendation k: The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 21).</p>	<p>Self evaluation was submitted in November 2023.</p>		<p>Regional/Practice Manager</p>

Name Tiffani Seymour

Designation

Practice Manager

Signature

Tiffani Seymour

Date 08.02.24

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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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