

## **Action Plan**

Service Name:	Scottish Centre for Excellence in Dentistry
Service number:	02221
Service Provider:	Portman Healthcare Limited
Address:	Watermark Business Park, 335 Govan Road, Glasgow, G51 2SE
Date Inspection Concluded:	17 January 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure staff are using the most up-to-date version of policies and procedures at all times (see page 17).  Timescale – immediate	All policies updated, distributed and signed	Actioned	Erin Davies/ Fiona Hunter

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023	
template AP			
Produced by: IHC Team	Page:1 of 7	Review Date:	
Circulation type (internal/external): Internal/External			



Requirement 2: The provider must ensure the reversal drug (flumazenil) is obtained before any further conscious sedation is undertaken. This drug must then be held in stock at all times (see page 17).  Timescale – immediate	Reversal drug ordered and stored in locked sedation cupboard	Actioned	Erin Davies/ Fiona Hunter
Requirement 3: The provider must ensure appropriate routine in-house image quality control testing is carried out on the 3D scanner at all times (see page 18).  Timescale – immediate	In house image quality control testing carried out	Actioned	Erin Davies/ Fiona Hunter

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023	
template AP			
Produced by: IHC Team	Page:2 of 7	Review Date:	
Circulation type (internal/external): Internal/External			



Requirement 4: The provider must ensure the pulse oxygen monitor is appropriately serviced and calibrated at all times (see page 18).  Timescale – immediate	Servicing arranged and regular calibration planned	Actioned	Erin Davies/ Fiona Hunter
Requirement 5: The provider must ensure the sedation team undertakes sedation-related scenario-based emergency training every 6 months (see page 18).  Timescale – by 8 June 2024	Emergency scenario done and arranged for next training in 6/12	Actioned	Erin Davies/ Fiona Hunter

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023	
template AP			
Produced by: IHC Team	Page:3 of 7	Review Date:	
Circulation type (internal/external): Internal/External			



Requirement 6: The provider must ensure that appropriate recruitment checks are carried out for staff before they begin working in the service. These must be recorded and retained on staff files (see page 21).  Timescale – immediate	All recruitment checks done	Actioned	Erin Davies/ Fiona Hunter
Requirement 7: The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms and decontamination room will be upgraded to meet national guidance for specialised ventilation for healthcare services (see page 21).  Timescale – by 8 July 2024	Risk assessment to be conducted in line with guidance – practice currently has mechanical ventilation however will look to move to externally vented with future refurbishment	8 July 2024	Erin Davies/ Fiona Hunter

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023	
template AP			
Produced by: IHC Team	Page:4 of 7	Review Date:	
Circulation type (internal/external): Internal/External			



Requirement 8: 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 21).  Timescale – by 8 July 2024	Risk assessment to be conducted in line with guidance – hand wash sinks to look to be updated with future refurbishment	8 July 2024	Erin Davies/ Fiona Hunter

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure patients are kept informed of any changes made to the service as a result of their feedback (see page 14).	Feedback and changes are being updated on social media and we are in the process of having a loop made to be played on the tv advising of feedback and changes	actioned	Erin Davies/ Fiona Hunter

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023	
template AP			
Produced by: IHC Team	Page:5 of 7	Review Date:	
Circulation type (internal/external): Internal/External			



Recommendation b: The service should produce and publish an annual duty of candour report (see page 18).	We have reached out to Portman to have this produced	actioned	Erin Davies/ Fiona Hunter
Recommendation c: The service should ensure all clinical staff are trained in the duty of candour principles (see page 18).	We have reached out to the portman training department for this	actioned	Erin Davies/ Fiona Hunter

Name	Erin Davies		
Designation	Practice Manager		
Signature	E Davies	Date 22/3/2024	



Г		
L		/ /

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.

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