

Action Plan

Service Name:	Flossbar
Service number:	01561
Service Provider:	DFW 55 Limited
Address:	82A Portland Street, Troon KA10 6QU
Date Inspection Concluded:	25 August 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must obtain a disinfection bath and appropriate disinfection solution for cleaning impressions prior to sending them to the lab. The service's operating procedures should be updated to reflect this change.	We already had a disinfection bath and appropriate solution but had been advised from the dental lab in England to use the spray. We have reverted back to the previous procedures	immediate	WS THOMSON
Requirement 2: The provider must action all recommendations made in the recent fire risk assessment.	1. Signage and fire evacuation plan updated and completed 2. Emergency light at rear of building repaired 3. Test regime for emergency lighting and evacuation plan implemented 4. Gas CH service completed 5. External assembly point identified and installed 6. Fixed wire test completed	immediate	WS THOMSON

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<p>Requirement 3: The provider must review its information management procedures to make sure patient care records are stored securely on site and destroyed in line with relevant legislation. This must include the provider's registration with the Information Commissioner's Office or the provision of evidence that such registration is not required.</p>	<p>Information management procedures reviewed and amended.</p> <p>All patient care records and information stored securely onsite and destroyed when necessary onsite in accordance with relevant legislation.</p> <p>Provider's registration status with Information Commissioners Office confirmed and renewed.</p>	<p>Immediate</p>	<p>WS THOMSON</p>
<p>Requirement 4: The provider must develop formal procedures for appointing self-employed individuals. This must include:</p> <ul style="list-style-type: none"> (a) carrying out appropriate checks to make sure individuals are safe to work from the service before allowing them to do so (b) introducing a formal written agreement or contract with each individual that sets out the expectations and responsibilities for each party, and (c) regular checks to make sure individuals remain safe to work from the service. 	<p>A) Prior to commencing employment at Flossbar all appropriate checks will be undertaken by the principal WS Thomson.</p> <p>b) A formal written agreement for each individual outlining expectations and responsibilities to be signed prior to commencement of employment.</p> <p>c) A protocol in place to ensure employed individuals remain safe to work from the service</p>	<p>Immediate</p>	<p>WS THOMSON</p>

Recommendation a: The service should develop a referral protocol for referring patients to an external healthcare provider where care cannot be provided. The protocol should include the contact details of the healthcare provider where referrals will be made. It should also set out how patients will be informed if their treating clinician is leaving the service.	a) Protocol in place for referring patients to external healthcare providers b) Protocol in place to inform patients if their treating clinician leaves practice	Immediate	WS THOMSON
Recommendation b: The service should develop and implement a duty of candour procedure that demonstrates how it will meet its responsibility to say sorry to patients if things go wrong. Staff training in duty of candour principles should also be provided.	Duty of candour procedure developed and implemented. Staff training in duty of candour to be arranged	Implemented	WS THOMSON
Recommendation c: The service should develop a participation policy to direct the way it engages with patients and uses their feedback to improve the service.	Participation policy in development. Social media developed and enhanced to enable easier use to provide feedback via QR code		
Recommendation d: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.	Clinical audits covering key aspects of care and treatment to be undertaken regularly. Results to be documented and improvement plans implemented.	Over next 12 months	WS THOMSON

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Recommendation e: The service should review its safeguarding procedures to include the safeguarding of children and incorporate the contact details for the local child protection team.	Child protection policy to be developed incorporating contact details for the local child protection team	Within 4 weeks	WS THOMSON
Recommendation f: The service should hold regular staff meetings where minutes of matters discussed are recorded, actions are noted and responsibility for each action assigned.	Regular staff meetings to be held where matters discussed are recorded, actions noted and responsibility for each action assigned.	Within 4 weeks	WS THOMSON
Recommendation g: The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients.	Quality improvement plan to be developed and implemented.	Within 4 weeks	WS THOMSON

Name	WS THOMSON		
Designation	PRINCIPAL		
Signature	WS Thomson	Date	7 / 10 /2022

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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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