

Action Plan

Service Name:	St Ninian House
Service number:	00937
Service Provider:	Doctor Denture Ltd
Address:	St Ninian Road, Nairn, IV12 4EQ
Inspector:	Jamie Thomson
Date Inspection Concluded:	11 February 2020

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The service provider must update the patient information to make it clear to the complainant that they can refer a complaint to HIS at any stage of the complaints process.	I have updated my complaints policy with contacts for HIS as well as the GDC.	Immediate	Matthew Donnachie

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Recommendation a: The service should follow its participation policy so that patient feedback is gathered and analysed in a structured manner.	Moving forward we will ask all patients to complete a patient satisfaction leaflet. This information shall be retained and assessed at the end of each calendar year to see how we can improve our service, also moving forward we will compare the results against the previous calendar year to measure improvement and to maintain a high of standard of care.	Recommended	Matthew Donnachie
Recommendation b: The service should develop a duty of candour policy.	Completed and attached	Recommended	Matthew Donnachie
Recommendation c: The service should implement a programme of audit to assess its safety and effectiveness. Audits should include infection control procedures and patient care records.	We will complete an audit yearly for these aspects	Recommended	Matthew Donnachie

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Recommendation d: The service should develop its safeguarding policy to include the contact details of where concerns should be escalated.	Attached	Recommended	M Donnachie
Recommendation e: The service should complete an environment risk assessment and implement a process to review it to ensure the safety of patients and those working in the service.	In progress but lockdown has hindered completion	Recommended	M Donnachie
Recommendation f: The service should ensure that 'before-and-after' photographs are held confidentially in the patient care record and not retained on a personal mobile phone.	Implemented as advised	Recommended	M Donnachie

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Recommendation g: The service should	In progress in connection to recommendation A	Recommended	M Donnachie
develop a quality improvement plan to help with service change and development.			

Name	M Donnachie		
Designation	Director		
Signature	M.Donnachie	Date 06 / 04 /2020	
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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