

Action Plan

Service Name:	Blackhills Clinic
Service number:	00238
Service Provider:	Blackhills Clinic Limited
Address:	5 Maidenplain Place, Aberuthven, Perthshire, PH3 1EL
Date Inspection Concluded:	04 September 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must appoint a manager for the service and submit an 'appointment of new registered service manager' as detailed in the notifications guidance (see page 13). Timescale – immediate	Roxanne Hausrath has now been appointment as registered manager of the practice.	Completed 01/10/24	Roxanne Hausrath

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Requirement 2: The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine (see page 17). Timescale – by 1 November 2024	Roxanne and Graham are currently reviewing the SOP for the PRF Machine. They are currently adapting this and will have completed by 01/11/2024	01/11/2024	Lynn McQuade
Requirement 3: The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme, as appropriate to their role (see page 17). Timescale – by 1 November 2024	Disclosure for Gillian was sent to Disclosure Scotland 04/10/24. We are just awaiting confirmation.	04/10/2024	Lynn McQuade

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Requirement 4: The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 20).	After reviewing Next of Kin is documented in the medical history sent to the patient. This is then saved into the patient's contacts on the SOE system.	04/10/2024	Lynn McQuade and Roxanne Hausrath
Timescale – by 1 November 2024			

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should work with The Real Good Dental Company to develop its own strategy that identifies measurable aims and objectives, along with 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 12).	Lynn McQuade Operations Manager will discuss this on the Operational call on Monday 21st October and discuss key performance indicators. This will then be discussed with the practice managers on the weekly call to discuss with their teams.	01/11/2024	Lynn McQuade and Operational Team

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Recommendation b: 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 13).	In the middle of creating a new practice manager agenda Template which will cover the following: Actions from Last Meeting Significant Events Complaints Medical Emergency Scenario Sedation Emergency Scenario Patient Feedback The agenda will be a structured agenda with a medical emergency scenario introduced monthly	01/11/2024	Lynn McQuade Operations Manager and Roxanne Hausrath Registered Manager
Recommendation c: The service should implement a formalised approach to providing staff with patient feedback results and outcomes (see page 15).	We will create a 6 monthly feedback form with the marketing team to provide to patients and staff.	01/11/2024	Lynn McQuade Operations Manager

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Recommendation d: 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 15).	Lynn to discuss with the Operational team to introduce 6-month employee survey. The survey will include points such as: How do you feel the working for real good? What improvements does the company need to do? Will be based along the lines of improving the service for staff.	01/11/2024	Lynn McQuade Operational Manager and Roxanne Hausrath Registered Manager
Recommendation e: The service should update its recruitment policy to detail the different levels of background checks and health clearance and immunisations requirements for individual job roles (see page 17).	The company will introduce an Induction Checklist which will include the following: OHSAS report Indemnity GDC PVG Proof of Qualification	01/11/2024	Lynn McQuade Operations Manager and Roxanne Hausrath

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Recommendation f: The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 20).	Will be completed by Registered Manager	01/11/2024	Roxanne Hausrath
Recommendation g: The service should ensure local anaesthetic prescribing information is consistently documented in patient care records (see page 20).	Roxanne Hausrath will complete practice meeting with dentists regarding record keeping RE Local Anaesthetics. Possible create quick notes on system to support this.	01/11/2024	Roxanne Hausrath

Name	Roxanne Hausrath	
Designation	Registered Manager	
Signature	Roxanne Hausrath	Date 17/10/2024



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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.

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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