

### 16 week Action Plan update

|                            |                                       |
|----------------------------|---------------------------------------|
| Service Name:              | Cherrybank Dental Spa (Edinburgh)     |
| Organisation number:       | 00287                                 |
| Service Provider:          | Cherrybank Edinburgh Limited          |
| Address:                   | 94 Hanover Street, Edinburgh, EH2 1DR |
| Inspector:                 | Anna Martin                           |
| Date Inspection Concluded: | 14 May 2024                           |

| Requirements and Recommendations   | Action Taken | Completed Yes/No | Further action if applicable |
|--|--------------|------------------|------------------------------|
| <p><b>Requirement 1:</b> The provider must amend its complaints procedure on its website to ensure it:</p> <ul style="list-style-type: none"> <li>a) highlights the patient's right to contact Healthcare Improvement Scotland at any time, and</li> <li>b) provides the full contact information for Healthcare Improvement Scotland (see page 20).</li> </ul> <p>Timescale – immediate</p> | Already on   | yes              |                              |

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| Circulation type (internal/external): Internal              |               |                       |

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| <p><b>Requirement 2:</b> The provider must ensure rectangular collimators (used to reduce the radiation dosage to patients and increase the image quality of X-rays) are routinely used for all patients receiving an intraoral X-ray (X-rays taken inside the patient's mouth) (see page 20).</p> <p>Timescale – immediate</p> | <p>Already fitted</p>   | <p>yes</p> |  |
| <p><b>Requirement 3:</b> The provider must ensure all actions highlighted in the radiation safety assessment reports for the intraoral X-ray machine are carried out and recorded (see page 20).</p> <p>Timescale – immediate</p>   | <p>Already actioned</p> | <p>yes</p> |  |

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| <p><b>Requirement 4:</b> The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine (see page 20).</p> <p>Timescale – 8 August 2024</p> | <p>Creating SOP</p>                | <p>yes</p> |  |
| <p><b>Requirement 5:</b> The provider must publish an annual duty of candor report (see page 20).</p> <p>Timescale – immediate</p>  | <p>Printed and added to folder</p> | <p>yes</p> |  |

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| <p><b>Requirement 6:</b> The provider must ensure that appropriate Disclosure Scotland background checks and health clearance checks are carried out:</p> <p>a) on all staff before they begin working in the service, and</p> <p>b) on all staff currently working in the service.</p> <p>Checks must be recorded and retained on staff files (see page 23).</p> <p>Timescale – immediate</p> | All completed and in folder | yes |  |
|--|-----------------------------|-----|--|

**Action Plan (continued)**

| <b>Requirements and Recommendations</b>  | <b>Action Taken</b>   | <b>Completed Yes/No</b> | <b>Further action if applicable</b> |
|--|---|-------------------------|-------------------------------------|
| <p><b>Recommendation a:</b> The service should ensure patients are kept informed of any changes made to the service as a result of their feedback (see page 16).</p> | <p>We have implemented a policy on responding to all feedback – this was implemented prior to our HIS inspection and allows us to respond to all feedback.</p> <p>We also discuss at morning huddle every day and changes and feedback.</p> | yes                     |                                     |

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| <p><b>Recommendation b:</b> The service should repair, replace or remove the intraoral X-ray machine in treatment room 3 (see page 20).</p> | <p>Completed</p>                | <p>yes</p>  |  |
| <p><b>Recommendation c:</b> The service should ensure all clinical staff are trained in the duty of candour principles (see page 20).</p>   | <p>Ongoing training on this</p> | <p>Yes- will be reviewed every 6/12 with team / new members</p> |  |

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| <p><b>Recommendation d:</b> The service should introduce routine sedation audits to provide assurance of the way sedation procedures are carried out. Audits should be documented, and improvement action plans implemented (see page 21).</p> | <p>Audit sheet created and audits to be started across full group to see for any differences across the group / practice</p> | <p>Yes</p> |  |
| <p><b>Recommendation e:</b> The service should continue to develop its clinical audit programme to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 21).</p>           | <p>Action plans have started to be created from Audits and we are increasing the audits we are doing</p>                     | <p>yes</p> |  |

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| <p><b>Recommendation f:</b> The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 23).</p> | <p>Self-evaluation will be completed as requested by Healthcare Improvement Scotland (page 23)</p> | <p>Yes</p> |  |
|---|--|------------|--|

|             |                  |
|-------------|------------------|
| Name        | Lyndsv Burton    |
| Designation | Practice manager |
| Signature   | L. Burton        |
| Date        | 22 09 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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