

**16 week Action Plan update**

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

Requirements and Recommendations	Action Taken	Completed Yes/No	Further action if applicable
<p><b>Requirement 1:</b> The provider must ensure staff are using the most up-to-date version of policies and procedures at all times (see page 17).</p> <p>Timescale – immediate</p>	All policies updated, distributed and signed	Yes	

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<p><b>Requirement 2:</b> 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).</p> <p>Timescale – immediate</p>	<p>Reversal drug ordered and stored in locked sedation cupboard</p>	<p>Yes</p>	
<p><b>Requirement 3:</b> 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).</p> <p>Timescale – immediate</p>	<p>In house image quality control testing carried out and monthly reminders are set. Test are done at the start of every month.</p> <p>Carestream training was carried on 23/3/23 to ensure the QC testing is done correctly according to manufactures instructions. Test are recorded in the Carestream system and completed monthly by lead nurse.</p>	<p>Yes</p>	

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

<p><b>Requirement 6:</b> 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).</p> <p>Timescale – immediate</p>	<p>A checklist has been produced for each colleague with outstanding checks.</p> <p>TB quantiferon gold igr test, HIV Hep C status to be confirmed, this has been booked with Nationwide pathology 6/6/24 to attend practice for all outstanding clinical team checks.</p> <p>New recruits will not start without these checks- new compliance check list made. (attached)</p>	<p>Yes</p>	
<p><b>Requirement 7:</b> 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).</p> <p>Timescale – by 8 July 2024</p>	<p>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</p>	<p>Yes</p>	<p>Complete</p>

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<p><b>Requirement 8:</b> 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).</p> <p>Timescale – by 8 July 2024</p>	<p>Risk assessment to be conducted in line with guidance – hand wash sinks to look to be updated with future refurbishment</p>	<p>Yes</p>	<p>Complete</p>
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**Action Plan (continued)**

Requirements and Recommendations	Action Taken	Completed Yes/No	Further action if applicable
<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 14).</p>	<p>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</p>	<p>Yes</p>	

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<p><b>Recommendation b:</b> The service should produce and publish an annual duty of candour report (see page 18).</p>	<p>A printable version detailing incidents is displayed in the waiting area.</p> <p>No DoC incidents have happened.</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 18).</p>	<p>Training tools have been provided to all clinical team.</p> <p>DOC training has been added to Pro Dental for the employed colleagues- this is monitored by management to ensure completion</p> <p>Self employed clinicians have been sent a training power point and to confirm when read and understood.</p>	<p>Yes</p>	

Name	Fiona Hunter
Designation	Glasgow SCED
Signature	<i>Fiona Hunter</i>
Date	22.5.24

**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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